

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G91968

FILED
Jan 24, 2009
Secretary of State

Entity Name: GARY LAWRENCE KANTER, M.D., P.A.

Current Principal Place of Business:

C/O GARY LAWRENCE KANTER, M.D.
2831 N.W. 41ST STREET, STE.C
GAINESVILLE, FL 32606

New Principal Place of Business:

C/O GARY LAWRENCE KANTER, M.D.
100 SW 75TH STREET, STE 204
GAINESVILLE, FL 32607

Current Mailing Address:

C/O GARY LAWRENCE KANTER, M.D.
2831 N.W. 41ST STREET, STE.C
GAINESVILLE, FL 32606

New Mailing Address:

C/O GARY LAWRENCE KANTER, M.D.
100 SW 75TH STREET, STE 204
GAINESVILLE, FL 32607

FEI Number: 59-2406016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTER, GARY L
2831 NW 41ST ST., SUITE C
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

KANTER, GARY L
100 SW 75TH STREET
204
GAINESVILLE, FL 32607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY L. KANTER

01/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KANTER, GARY L
Address: 2831 NW 41ST ST., #C
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KANTER, GARY L
Address: 100 SW 75TH STREET, STE 204
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. KANTER

DP

01/24/2009

Electronic Signature of Signing Officer or Director

Date