

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J19993

**FILED**  
**Sep 13, 2011**  
**Secretary of State**

**Entity Name:** ST. JUDE'S MEDICAL CENTER AND WALK-IN CLINIC, INC.

**Current Principal Place of Business:**

3625 EAST SR 60  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

3625 EAST SR 60  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 59-2568794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLSON, JERROLD  
4905 W. LAUREL  
SUITE 302  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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: GOLSON, JERROLD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARIANO, ARTHUR S.  
Address: 3625 STATE RD 60 EAST  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: MARIANO, MARY I.  
Address: 3625 STATE RD 60 EAST  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR S. MARIANO MD

PRES

09/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date