

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K90718

**FILED**  
**Dec 09, 2014**  
**Secretary of State**

**Entity Name:** UNITED PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

5802 STATE ROAD 54  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5802 STATE ROAD 54  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-2950746      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KUMAR, M.D., K.S.  
5802 STATE ROAD 54  
NEW PORT RICHEY, FL 34652 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:** K.S. KUMAR, M.D.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KUMAR, KAPISTHALAM S.  
**Address:** 5802 STATE ROAD 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** SEC  
**Name:** SUNDARESH, K. V  
**Address:** 5810 STATE ROAD 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

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:** KAPISTHALAM S. KUMAR

P

12/09/2014

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

\_\_\_\_\_  
Date