

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L84442

FILED
Jun 09, 2011
Secretary of State

Entity Name: FLORIDA FAMILY MEDICAL CENTERS, INC.

Current Principal Place of Business:

818 CHESTNUT STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

818 CHESTNUT STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3022916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAY, WALTER D O
818 CHESTNUT ST.
CLEARWATER, FL 33756 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: WALTER J KAY, D.O.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DELUCIA, EUGENE III D O
Address: 4543 S. MANHATTAN AVE.
City-St-Zip: TAMPA, FL 336112330

Title: VP
Name: BEILAN, MICHAEL DO
Address: 4901 MARLIN DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST
Name: KAY, WALTER DO
Address: 818 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

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: WALTER J KAY, D.O.

ST

06/09/2011

Electronic Signature of Signing Officer or Director

Date