

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008500

FILED
Jan 28, 2008
Secretary of State

Entity Name: T. LEROY JEFFERSON MEDICAL SOCIETY, INC.

Current Principal Place of Business:

11791 STONEHAVEN WAY
WEST PALM BEACH, FL 33412

New Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O.BOX 8586
WEST PALM BEACH, FL 33407

New Mailing Address:

777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH, FL 33401

FEI Number: 33-1007795 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHERRON, PATRICIA M.D.
11791 STONEHAVEN WAY
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

WILBORN, ANITA M.D.
777 SOUTH FLAGLER DRIVE
SUITE 800
WEST PALM BEACH, FL 33401 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: ANITA WILBORN

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERRON, PATRICIA M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: BELCON, MICHAEL M.D.
Address: P.O.BOX 8586
City-St-Zip: WPB, FL 33407

Title: T () Delete
Name: WILBORN, ANITA M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: LOWE, KATHY M.D.
Address: P.O.BOX 8586
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERRON, PATRICIA M.D.
Address: 777 SOUTH FLAGLER DRIVE SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP (X) Change () Addition
Name: BELCON, MICHAEL M.D.
Address: 777 SOUTH FLAGLER DR SUITE 800
City-St-Zip: WPB, FL 33401

Title: T (X) Change () Addition
Name: WILBORN, ANITA M.D.
Address: 777 SOUTH FLAGLER DRIVE SUTIE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change () Addition
Name: LOWE, KATHY M.D.
Address: 777 SOUTH FLAGLER DRIVE SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA WILBORN

T

01/28/2008

Electronic Signature of Signing Officer or Director

Date