

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009270

FILED
Jun 12, 2014
Secretary of State

Entity Name: PARSONS PROFESSIONAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

ALL CHILDREN'S SPECIALLY CARE OF
885 SOUTH PARSONS AVE
BRANDON, FL 33634

New Principal Place of Business:

ALL CHILDREN'S OUPTATIENT CARE CENTER B
885 SOUTH PARSONS AVE
BRANDON, FL 33511

Current Mailing Address:

ALL CHILDREN'S SPECIALLY CARE OF
885 SOUTH PARSONS AVE
BRANDON, FL 33634

New Mailing Address:

ALL CHILDREN'S OUTPATIENT CARE CENTER BRAN
885 SOUTH PARSONS AVE
BRANDON, FL 33511

FEI Number: 20-1122302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROUSE, TIM
885 SOUTH PARSONS AVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

RILEY, ROBIN
885 SOUTH PARSONS AVE
BRANDON, FL 33511 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: ROBIN RILEY

06/12/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ARMAS, MD, IGNACIO
Address: 885 SOUTH PARSONS AVE
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: ZWEIBACH, S
Address: 885 SOUTH PARSONS AVE
City-St-Zip: BRANDON, FL 33511

Title: SEC
Name: RILEY, ROBIN
Address: 885 SOUTH PARSONS BLVD
City-St-Zip: BRANDON, FL 33511

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

SIGNATURE: ROBIN RILEY

TREA

06/12/2014

Electronic Signature of Signing Officer or Director

Date