

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02974

FILED
Aug 25, 2014
Secretary of State

Entity Name: DAVIS PARK MEDICAL ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

5500 N. DAVIS HWY
PENSACOLA, FL 32503

New Principal Place of Business:

5498 N. DAVIS HWY
PENSACOLA, FL 32503

Current Mailing Address:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Mailing Address:

5498 N. DAVIS HWY
PENSACOLA, FL 32503

FEI Number: 59-2498008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

JASON, SUSAN
5498 N. DAVIS HWY
PENSACOLA, FL 32503 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: SUSAN JASON

08/25/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: JASON, SUSAN
Address: 5498 N. DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32503

Title: DVP
Name: SARKHOCHE, M.D., JOUMANA DR.
Address: 5500 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: WILLIAMS, ADRIANNA
Address: 5498 N. DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32503

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: SUSAN JASON

DPST

08/25/2014

Electronic Signature of Signing Officer or Director

Date