

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007347

FILED
Dec 22, 2009
Secretary of State

Entity Name: JAMES WILSON BRIDGES, M.D. MEDICAL SOCIETY, INC.

Current Principal Place of Business:

320 FLAMINGO RD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

2014 NW 139 TERRACE
PEMBROKE PINES, FL 33028

Current Mailing Address:

320 FLAMINGO RD
PEMBROKE PINES, FL 33027

New Mailing Address:

2014 NW 139 TERRACE
PEMBROKE PINES, FL 33028

FEI Number: 26-2604742 **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:

Name and Address of New Registered Agent:

WILEY, MARVA L ESQ
11601 BISCAYNE BLVD SUITE 100
N MIAMI, FL 33181 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: MARVA WILEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLDER, CHERYL
Address: 2014 NW 139TH TERR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: KIRWAN, MICHELLE
Address: 4100 NW 3RD CT SUITE 110
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: SIMPSON, DAZELLE
Address: 3169 PERCIVAL DR
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: BAPTISTE-SMITH, CAMILLE
Address: 1611 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHERYL HOLDER

P

12/22/2009

Electronic Signature of Signing Officer or Director

Date