

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000009923

FILED
Oct 08, 2012
Secretary of State

Entity Name: THE NATIONAL MEDICAL SOCIETY OF THE TREASURE COAST, INC.

Current Principal Place of Business:

8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1310 SW ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952

New Mailing Address:

1310 SW ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986

FEI Number: 27-1113895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, YOLANDA
8980 SOUTH US 1
SUITE 102
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

LEWIS, YOLANDA
1310 SW ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986 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: YOLANDA V. LEWIS

10/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEWIS, YOLANDA
Address: 1310 SW ST LUCIE WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SEC
Name: JOSEPH, CHARLES
Address: 1310 SW ST LUCIE WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TREA
Name: LEWIS, ASHLEY
Address: 1310 SW ST LUCIE WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: YOLANDA V LEWIS

P

10/08/2012

Electronic Signature of Signing Officer or Director

Date