

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000011277

**FILED**  
**Mar 13, 2013**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ASSOCIATION OF TRAUMA PROFESSIONALS, INC.

**Current Principal Place of Business:**

3025 SOUTH GATE CIRCLE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

5104 N LOCKWOOD RIDGE RD  
SUITE 207 E  
SARASOTA, FL 34234 US

**Current Mailing Address:**

3025 SOUTH GATE CIRCLE  
SARASOTA, FL 34239 US

**New Mailing Address:**

5104 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34234 US

**FEI Number:** 27-1353120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUBI, MICHAEL  
3374 YONGE AVE  
SARASOTA, FL 34235 US

**Name and Address of New Registered Agent:**

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:** MICHAEL DUBI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** DUBI, MICHAEL  
**Address:** 3374 YONGE AVE  
**City-St-Zip:** SARASOTA, FL 34235 US

**Title:** VP  
**Name:** GENTRY, J ERIC  
**Address:** 3205 SOUTHGATE CIR #9  
**City-St-Zip:** SARASOTA, FL 34239

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:** MICHAEL DUBI

PRES

03/13/2013

Electronic Signature of Signing Officer or Director

Date