

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09972

FILED  
May 14, 2013  
Secretary of State

**Entity Name:** DOCTORS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JAMES A. GERSHOW  
6800 NW 9TH BLVD.  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

C/O DOCTORS CONDO ASSOC  
6900 NW 9TH BLVD.  
GAINESVILLE, FL 32605

**Current Mailing Address:**

C/O JAMES A. GERSHOW  
6800 NW 9TH BLVD.  
GAINESVILLE, FL 32605

**New Mailing Address:**

C/O DOCTORS CONDO ASSOC  
6900 NW 9TH BLVD.  
GAINESVILLE, FL 32605

**FEI Number:** 59-2604010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GERSHOW, JAMES A., MD  
6800 NW 9TH BLVD.  
GAINESVILLE, FL 32605 US

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

ASHLEY, ROBERT MD  
6800 NW 9TH BLVD.  
SUITE 3  
GAINESVILLE, FL 32605 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: ROBERT ASHLEY, MD

05/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ASHLEY, ROBERT  
Address: 6800 NW 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD  
Name: CARMICHAEL, PATRICK R  
Address: 6900 NW 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD  
Name: JENSEN, MICHELLE W  
Address: 6800 NW 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: BRODSKY, HAL M  
Address: 6800 NW 9TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

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: ROBERT ASHLEY MD

P

05/14/2013

Electronic Signature of Signing Officer or Director

Date