

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 18, 2013
Secretary of State**

DOCUMENT# N11000011368

Entity Name: STONECREST MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3019 SW 27 AVENUE, SUITE 102
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3019 SW 27 AVENUE, SUITE 102
OCALA, FL 34474

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCLAUCHLIN, BEN G
3019 SW 27 AVENUE, SUITE 102
OCALA, FL 34474 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: BEN G MCLAUCHLIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MCLAUCHLIN, BEN G
Address: 3019 SW 27 AVENUE, SUITE 102
City-St-Zip: Ocala, FL 34474

Title: D
Name: BLOWERS, DEAN M
Address: 3019 SW 27 AVENUE, SUITE 102
City-St-Zip: Ocala, FL 34474

Title: D
Name: MCLAUCHLIN, JARROD W
Address: 3019 SW 27 AVENUE, SUITE 102
City-St-Zip: Ocala, FL 34474

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: BEN G MCLAUCHLIN

Electronic Signature of Signing Officer or Director

D

04/18/2013

Date