

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000011133

FILED
Oct 06, 2014
Secretary of State

Entity Name: LRMC MEDICAL STAFF FOUNDATION, INC.

Current Principal Place of Business:

2401 FRIST BLVD., #4
FORT PIERCE, FL 34950

New Principal Place of Business:

1401 SE GOLDTREE DR.
SUITE 102
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2401 FRIST BLVD.
SUITE 4
FORT PIERCE, FL 34950

New Mailing Address:

1401 SE GOLDTREE DR.
SUITE 102
PORT ST. LUCIE, FL 34952

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

Name and Address of Current Registered Agent:

LEVENSTEIN, RICHARD H ESQ.
2300 SE MONTEREY ROAD
SUITE 100
STUART, FL 34996 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: RICHARD LEVENSTEIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P D
Name: FLORES, GERARD M.D.
Address: 1401 SE GOLDTREE DR. SUITE 102
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VP D
Name: BELCON, MICHAEL M.D.
Address: 2401 FRIST BLVD #4
City-St-Zip: FORT PIERCE, FL 34950 US

Title: S D
Name: LLOYD, PERRY M.D.
Address: 2207 SUNRISE BLVD.
City-St-Zip: FORT PIERCE, FL 34950

Title: T D
Name: SEEGER, RANDALL M.D.
Address: 1801 SE HILLMOOR DR., #A103
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: ALLEN RANDALL SEEGER

TD

10/06/2014

Electronic Signature of Signing Officer or Director

Date