

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49749

FILED  
Dec 14, 2009  
Secretary of State

Entity Name: PINELLAS COUNTY MEDICAL ASSOCIATION, INC.

## Current Principal Place of Business:

4900 CREEKSIDE DRIVE  
G  
CLEARWATER, FL 33760 US

## New Principal Place of Business:

## Current Mailing Address:

4900 CREEKSIDE DRIVE  
G  
CLEARWATER, FL 33760 US

## New Mailing Address:

FEI Number: 59-0618453      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

RAIFORD, ANISSA  
4900 CREEKSIDE DRIVE, SUITE G  
CLEARWATER, FL 33760 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: ANISSA RAIFORD

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MCKALIP, DAVID MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760

Title: PRES ( ) Delete  
Name: SINGH, VIBHUTI MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760

Title: E.D. ( ) Delete  
Name: RAIFORD, ANISSA  
Address: 4900 CREEKSIDE DRIVE, SUITE G  
City-St-Zip: CLEARWATER, FL 33760

Title: PE ( ) Delete  
Name: GILLET, EDWARD MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760

Title: SEC ( ) Delete  
Name: WEILAND, DAVID M.D.  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GILBY, JENNIFER MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760 US

Title: PRES (X) Change ( ) Addition  
Name: PELL, PAULA MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760 US

Title: E.D. (X) Change ( ) Addition  
Name: RAIFORD, ANISSA  
Address: 4900 CREEKSIDE DRIVE, SUITE G  
City-St-Zip: CLEARWATER, FL 33760 US

Title: PE (X) Change ( ) Addition  
Name: WEILAND, DAVID MD  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760 US

Title: SEC (X) Change ( ) Addition  
Name: KUMAR, AJOY M.D.  
Address: 4900 CREEKSIDE DRIVE, STE. G  
City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANISSA RAIFORD

E.D.

12/14/2009

Electronic Signature of Signing Officer or Director

Date