

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005331

FILED
Oct 13, 2009
Secretary of State

Entity Name: SPACE COAST IPA, INC.

Current Principal Place of Business:

95 BULLDOG BOULEVARD
MELBOURNE, FL 32901

New Principal Place of Business:

95 BULLDOG BOULEVARD, SUITE 202
MELBOURNE, FL 32901

Current Mailing Address:

95 BULLDOG BOULEVARD
MELBOURNE, FL 32901

New Mailing Address:

95 BULLDOG BOULEVARD, SUITE 202
MELBOURNE, FL 32901

FEI Number: 26-2133891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQUIRE
1686 W. HIBISCUS BOULEVARD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

KANCILIA, JOHN R ESQUIRE
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 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: JOHN KANCILIA

10/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELIGDISH, CRAIG M.D.
Address: 95 BULLDOG BOULEVARD
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PODNOS, STEVEN D M.D.
Address: 103 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SEMINER, SCOTT Z
Address: 1334 VALENTINE STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG DELIGDISH, MD

D

10/13/2009

Electronic Signature of Signing Officer or Director

Date