

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000056422

FILED
Jan 15, 2014
Secretary of State

Entity Name: FAMILY CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

10245 EAST COLONIAL DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

11616 LAKE UNDERHILL RD
SUITE 205
ORLANDO, FL 32825

Current Mailing Address:

10245 EAST COLONIAL DRIVE
ORLANDO, FL 32817

New Mailing Address:

11616 LAKE UNDERHILL RD
SUITE 205
ORLANDO, FL 32825

FEI Number: 59-3652204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, MILDRED D MD
10245 EAST COLONIAL DRIVE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

SILVA, MILDRED D MD
11616 LAKE UNDERHILL RD
SUITE 205
ORLANDO, FL 32825 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: MILDRED DONIS SILVA, MD

01/15/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: SILVA, MILDRED D MD
Address: 11616 LAKE UNDERHILL RD, SUITE 205
City-St-Zip: ORLANDO, FL 32825

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILDRED DONIS SILVA, MD

PRES

01/15/2014

Electronic Signature of Signing Officer or Director

Date