

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000083399

**Entity Name:** VALERIE C. SMART, M.D., P.A.

**FILED**  
**Jun 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6371 PRESIDENTIAL CT  
STE 2  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6371 PRESIDENTIAL CT  
STE 2  
FT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 65-1036073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMART, VALERIE C M.D.  
404 BAYSHORE DRIVE  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

SMART, VALERIE C M.D.  
5407 BAYSHORE AVENUE  
CAPE CORAL, FL 33904 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: VALERIE C. SMART

06/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SMART-WHITE, VALERIE C  
Address: 5407 BAYSHORE AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD  
Name: SMART, VALERIE C  
Address: 5407 BAYSHORE AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

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: VALERIE C. SMART

PRES

06/17/2011

Electronic Signature of Signing Officer or Director

Date