

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000092924

Entity Name: CONCERNED CARE, P.A.

**FILED**  
**May 22, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

7721 HOLIDAY DRIVE  
SARASOTA, FL 34231

**New Principal Place of Business:**

3900 CLARK ROAD  
SUITE L-2  
SARASOTA, FL 34233

**Current Mailing Address:**

7721 HOLIDAY DRIVE  
SARASOTA, FL 34231

**New Mailing Address:**

3900 CLARK ROAD  
SUITE L-2  
SARASOTA, FL 34233

FEI Number: 65-1045726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUDENHOEFFER, THOMAS K  
7721 HOLIDAY DRIVE  
SARASOTA, FL 34231 US

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

DUDENHOEFFER, THOMAS K MD  
3900 CLARK ROAD  
SUITE L-2  
SARASOTA, FL 34233 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: THOMAS K. DUDENHOEFFER

05/22/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DUDENHOEFFER, THOMAS K MD  
Address: 3900 CLARK ROAD, SUITE L-2  
City-St-Zip: SARASOTA, FL 34233

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: THOMAS K. DUDENHOEFFER

D

05/22/2013

Electronic Signature of Signing Officer or Director

Date