

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000004318

**FILED**  
**Nov 11, 2011**  
**Secretary of State**

**Entity Name:** FAMILY CARE SPECIALISTS OF ORLANDO, P.A.

**Current Principal Place of Business:**

7932 WEST SAND LAKE RD. SUITE 200  
ORLANDO, FL 32819

**New Principal Place of Business:**

7932 WEST SAND LAKE ROAD  
SUITE 200  
ORLANDO, FL 32819

**Current Mailing Address:**

7932 WEST SAND LAKE RD. SUITE 200  
ORLANDO, FL 32819

**New Mailing Address:**

7932 WEST SAND LAKE ROAD  
SUITE 200  
ORLANDO, FL 32819

**FEI Number:** 59-3690561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEAN, BONNIE M  
6009 LADY BET  
ORLANDO, FL 32819 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:** BONNIE M DEAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DEAN, BONNIE M MD  
**Address:** 6009 LADY BET  
**City-St-Zip:** ORLANDO, FL 32819

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:** BONNIE M DEAN

D

11/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date