

2010 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 29, 2010
Secretary of State**

DOCUMENT# P01000050088

Entity Name: DOLORES A. LOVELESS, M.D., P.A.

Current Principal Place of Business:

4933-1 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4933-1 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3722460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202 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: BRANT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP
Name: LOVELESS, DOLORES A M.D.
Address: 10212 VINEYARD LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST
Name: LOVELESS, DOLORES A M.D.
Address: 10212 VINEYARD LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: DOLORES A LOVELESS

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04/29/2010

Electronic Signature of Signing Officer or Director

Date