

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000048548

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** PALM HARBOR INTERNAL MEDICINE AND PEDIATRICS, P.A.

**Current Principal Place of Business:**

3890 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3890 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 01-0690352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOBENHAUSEN, GALE M ESQ  
28100 U.S. HIGHWAY 19 NORTH  
SUITE 407  
CLEARWATER, FL 33761 US

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

BOBENHAUSEN, GALE M ESQ  
28051 U.S. HIGHWAY 19 NORTH  
SUITE 107  
CLEARWATER, FL 33761 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: GALE M. BOBENHAUSEN

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GOLDSTEIN, GARY M MD  
Address: 3890 TAMPA ROAD, SUITE 102  
City-St-Zip: PALM HARBOR, FL 34684

Title: DR  
Name: NERI, KARENA A MD  
Address: 3890 TAMPA ROAD, SUITE 102  
City-St-Zip: PALM HARBOR, FL 34684

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: GARY M. GOLDSTEIN, M.D.

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date