2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 28, 2014
Secretary of State

DOCUMENT# P02000067276

Entity Name: SCOTT W. RICE, M.D., P.A.

Current Principal Place of Business:

4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 38-3652365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICE, SCOTT W M.D.
8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

RICE, SCOTT W M.D.
4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

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: SCOTT W. RICE, M.D. 08/28/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSC
Name: RICE, SCOTT W MD
Address: 4446 HENDRICKS AVE, STE 217
City-St-Zip: JACKSONVILLE, FL 32207

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: SCOTT W. RICE, M.D. PTSC 08/28/2014
Electronic Signature of Signing Officer or Director Date