

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000016330

FILED
Sep 03, 2013
Secretary of State

Entity Name: MEDICAL CARE CENTER OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

625 BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405

New Principal Place of Business:

400 E. NELSON AVE.
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

PO BOX 1568
LYNN HAVEN, FL 32444

New Mailing Address:

400 E. NELSON AVE.
DEFUNIAK SPRINGS, FL 32433

FEI Number: 86-1052391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, C. THOMAS
625 BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

HUTCHINS, C. THOMAS
6 BALMORAL DRIVE
NICEVILLE, FL 32578 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: C. THOMAS HUTCHINS

09/03/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HUTCHINS, C. THOMAS
Address: 6 BALMORAL DR.
City-St-Zip: NICEVILLE, FL 32578

Title: SEC
Name: HUTCHINS, PAMELA H
Address: 6 BALMORAL DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: C. THOMAS HUTCHINS

PRES

09/03/2013

Electronic Signature of Signing Officer or Director

Date