

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000082608

**FILED**  
**Apr 14, 2014**  
**Secretary of State**

**Entity Name:** TOMMY L. LOUISVILLE, M.D., P.A.

**Current Principal Place of Business:**

320 FIRST ST SW  
STE 100  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

320 FIRST ST SW  
STE 100  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 20-0124416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 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:** JOHN F. MARTIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOUISVILLE, TOMMY L  
**Address:** 221 OLD SPANISH WAY  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** S  
**Name:** LOUISVILLE, MARVA H  
**Address:** 221 OLD SPANISH WAY  
**City-St-Zip:** WINTER HAVEN, FL 33884

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:** TOMMY L LOUISVILLE, M.D.

P

04/14/2014

Electronic Signature of Signing Officer or Director

Date