

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000094812

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** TOTAL PEDIATRIC HEALTHCARE II, P.A.

**Current Principal Place of Business:**

930 MARCUM RD  
#5  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

16765 FISHHAWK BLVD  
#314  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 20-0088003      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRANT, STEWART  
16765 FISHHAWK BLVD.  
#314  
LITHIA, FL 33547 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:** STEWART GRANT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GRANT, STEWART  
**Address:** 16765 FISHHAWK BLVD., #314  
**City-St-Zip:** LITHIA, FL 33547 US

**Title:** VP  
**Name:** GRANT, TIA HOOPER  
**Address:** 16765 FISHHAWK BLVD., #314  
**City-St-Zip:** LITHIA, FL 33547 US

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:** STEWART GRANT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

09/29/2011

\_\_\_\_\_  
Date