

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000101480

**FILED**  
**Dec 05, 2012**  
**Secretary of State**

**Entity Name:** MITCH P. FEARING, M.D., P.A.

**Current Principal Place of Business:**

14819 NW 140TH ST  
ALACHUA, FL 32615

**New Principal Place of Business:**

14819 NW 140TH STREET  
ALACHUA, FL 32615

**Current Mailing Address:**

P.O. BOX 580  
ALACHUA, FL 32616

**New Mailing Address:**

14819 NW 140TH STREET  
ALACHUA, FL 32616

**FEI Number:** 20-0240352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEARING, MITCHEL M.D.  
8214 SW 16TH PL  
GAINESVILLE, FL 32607 US

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

FEARING, MITCHEL M.D.  
8214 SW 16TH PLACE  
GAINESVILLE, FL 32607 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: MITCH P. FEARING

12/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: FEARING, MITCH P  
Address: 14819 NW 140TH ST  
City-St-Zip: ALACHUA, FL 32615

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: MITCH P. FEARING

DR.

12/05/2012

Electronic Signature of Signing Officer or Director

Date