2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 25, 2014
Secretary of State

DOCUMENT# P04000011420

Entity Name: JOSEPH MOLEA, M.D., P.A.

Current Principal Place of Business:

503 S MACDILL AVE
SUITE 5
TAMPA, FL 33609

New Principal Place of Business:

503 S MACDILL AVE
SUITE 4
TAMPA, FL 33609

Current Mailing Address:

503 S MACDILL AVE
SUITE 5
TAMPA, FL 33609

New Mailing Address:

503 S MACDILL AVE
SUITE 4
TAMPA, FL 33609

FEI Number: 20-0614442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, AL R JR.
4600 W. CYPRESS STREET, STE. 500
TAMPA, FL 336074024 US

Name and Address of New Registered Agent:

MOLEA, JOSEPH MD
503 SO. MACDILL AVE.
SUITE 4
TAMPA, FL 33609 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: JOSEPH MOLEA, MD 03/25/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: MOLEA, JOSEPH M.D.
Address: 503 SO. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

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: JOSEPH MOLEA, MD P 03/25/2014
Electronic Signature of Signing Officer or Director Date