

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000074813

**FILED**  
**Jan 21, 2014**  
**Secretary of State**

**Entity Name:** FREEMAN MEDICAL GROUP, INC.

**Current Principal Place of Business:**

9015 ABB PITTMAN ROAD  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

9015 ABB PITTMAN ROAD  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 20-1107909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FREEMAN, ROBERT W  
9015 ABB PITTMAN RD  
MILTON, FL 32570 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:** ROBERT W FREEMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FREEMAN, TONYA  
**Address:** 9015 ABB PITTMAN RD  
**City-St-Zip:** MILTON, FL 32570

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:** TONYA B FREEMAN

P

01/21/2014

Electronic Signature of Signing Officer or Director

Date