

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000122264

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Entity Name:** RAIMAH PRIMARY CARE CENTER, P.A.

**Current Principal Place of Business:**

1283 S.W SR 47  
SUITE 103  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3412  
LAKE CITY, FL 32056 US

**New Mailing Address:**

**FEI Number:** 20-1945424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAIME, MARIE  
137 SW CHUCK GLEN  
LAKE CITY, FL 32025 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:** MARIE RAIME

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** RAIME, MARIE MD  
**Address:** PO BOX 3412  
**City-St-Zip:** LAKE CITY, FL 32056

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:** MARIE RAIME

MD

10/21/2013

Electronic Signature of Signing Officer or Director

Date