

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000157252

**FILED**  
**Oct 01, 2013**  
**Secretary of State**

**Entity Name:** MED EXPERTS OF TAMPA, INC.

**Current Principal Place of Business:**

300 S AUSTRALIAN AVE STE 1105  
W PALM BEACH, FL 33401

**New Principal Place of Business:**

952 39TH CT  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

300 S AUSTRALIAN AVE STE 1105  
W PALM BEACH, FL 33401

**New Mailing Address:**

952 39TH CT  
WEST PALM BEACH, FL 33407

**FEI Number:** 03-0560689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAREY LAW GROUP, P.A.  
801 NORTHPOINT PKWY STE 85  
W PALM BEACH, FL 33407 US

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

CAREY LAW GROUP, PA  
801 NORTHPOINT PARKWAY  
STE 85  
WEST PALM BEACH, FL 33407 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: RICHARD CAREY

10/01/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FETROW, CHARLES  
Address: 952 39TH CT  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: DENK, ROB  
Address: 608 OAKMOSS DR  
City-St-Zip: BRANDON, FL 33511

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: C W FETROW

PRES

10/01/2013

Electronic Signature of Signing Officer or Director

Date