

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000053172

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** SHREEKANT K. TRIPATHI, M.D., P.A.

**Current Principal Place of Business:**

520 EAST GARDEN STREET  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

520 EAST GARDEN STREET  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 20-2893424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

TRIPATHI, SHREEKANT K M. D.  
520 EAST GARDEN STREET  
LAKELAND, FL 33805 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: S. TRIPATHI

02/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: TRIPATHI, SHREEKANT K M.D.  
Address: 520 EAST GARDEN STREET  
City-St-Zip: LAKELAND, FL 33805

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: S. TRIPATHI

PSTD

02/09/2010

Electronic Signature of Signing Officer or Director

Date