

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000058069

Entity Name: JULIE ANN FLOYD, M.D., P.A.

FILED
Oct 07, 2009
Secretary of State

Current Principal Place of Business:

2784 N ROOSEVELT BLVD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5294
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 5294
KEY WEST, FL 33045

FEI Number: 54-2179191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, DAVID PAUL
608 WHITEHEAD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

FLOYD, JULIE ANN
2784 N ROOSEVELT BLVD
KEY WEST, FL 33040 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: JULIE ANN FLOYD

10/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOYD, JULIE ANN
Address: 2784 N. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FLOYD, JULIE ANN
Address: 2784 N. ROOSEVELT BLVD.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE ANN FLOYD

DR

10/07/2009

Electronic Signature of Signing Officer or Director

Date