

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000064562

Entity Name: SUZANN LESLIE, D.O., P.A.

**FILED**  
**Nov 12, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1233 SE INDIAN STREET  
SUITE 103  
STUART, FL 34997 US

## **New Principal Place of Business:**

1855 PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

## **Current Mailing Address:**

25 WEST HIGHPOINT ROAD  
STUART, FL 34996

## **New Mailing Address:**

PO BOX 746  
STUART, FL 34995 US

FEI Number: 30-0313992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESLIE, SUZANN D.O.  
25 WEST HIGHPOINT ROAD  
STUART, FL 34996 US

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

LESLIE, SUZANN D.O.  
1855 PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 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: SUZANN LESLIE

11/12/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DR  
Name: LESLIE, SUZANN  
Address: 1855 PORT ST LUCIE  
City-St-Zip: PORT ST LUCIE, FL 34952

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: SUZANN LESLIE

MGR

11/12/2012

Electronic Signature of Signing Officer or Director

Date