

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000123425

**FILED**  
**Mar 11, 2014**  
**Secretary of State**

**Entity Name:** CATHERINE LARNED M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

4707 PINE ISLAND ROAD  
MATLACHA, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 281  
MATLACHA, FL 33993 US

**New Mailing Address:**

**FEI Number:** 41-2184967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LARNED, CATHERINE MD  
4707 PINE ISLAND ROAD  
MATLACHA, FL 33993 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:** CATHERINE LARNED, MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, T  
**Name:** LARNED, CATHERINE M.D.  
**Address:** 4707 PINE ISLAND ROAD  
**City-St-Zip:** MATLACHA, FL 33993 US

**Title:** MR  
**Name:** SPENCER, RAYMOND D III  
**Address:** PO BOX 281  
**City-St-Zip:** MATLACHA, FL 33993

**Title:** MS  
**Name:** MORRIS, JULIA  
**Address:** PO BOX 281  
**City-St-Zip:** MATLACHA, FL 33993

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:** CATHERINE LARNED, MD

Electronic Signature of Signing Officer or Director

DR

03/11/2014

Date