2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2008
Secretary of State

DOCUMENT# P05000131937

Entity Name: AT YOUR HOME M.D., P.A.

Current Principal Place of Business:

6099 LINNEAL BEACH DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161628
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

6099 LINNEAL BEACH DRIVE
APOPKA, FL 32703

FEI Number: 37-1517062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, BRIAN S M.D.
6099 LINNEAL BEACH DRIVE
APOPKA, FL 32703 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: BRIAN SCOTT ALLEN, M.D.
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: PRES ( ) Delete
Name: ALLEN, BRIAN S M.D.
Address: 6099 LINNEAL BEACH DRIVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRIAN SCOTT ALLEN, M.D. PRES 10/25/2008
Electronic Signature of Signing Officer or Director Date