2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 18, 2011
Secretary of State

DOCUMENT# P06000004269

Entity Name: KATHLEEN LEBER, M.D., P.A.

Current Principal Place of Business:

3203 BAYSHORE BLVD., UNIT 801
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3203 BAYSHORE BLVD., UNIT 801
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-4098396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLCOMB, JOHN L.
101 E. KENNEDY BLVD., STE. 3700
TAMPA, FL 33602 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: JOHN L. HOLCOMB

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: LEBER, KATHLEEN MD
Address: 3203 BAYSHORE BLVD., UNIT 801
City-St-Zip: TAMPA, FL 33629

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: KATHLEEN LEBER PRES 05/18/2011

Electronic Signature of Signing Officer or Director Date