

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000018347

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** OCALA INTERNAL MEDICINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

4600 SW 46TH CT.  
BLDG. 200, SUITE 380  
OCALA, FL 34474

**New Principal Place of Business:**

4600 SW 46TH CT.  
SUITE 380  
OCALA, FL 34474

**Current Mailing Address:**

4600 SW 46TH CT.  
BLDG. 200, SUITE 380  
OCALA, FL 34474

**New Mailing Address:**

4600 SW 46TH CT.  
SUITE 380  
OCALA, FL 34474

**FEI Number:** 20-4280422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, NARENDRAKUMAR G  
6560 SW 51 ST CT  
OCALA, FL 34474 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:** NARENDRAKUMAR PATEL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** PATEL, NARENDRAKUMAR G  
**Address:** 6560 SW 51 STREET CT  
**City-St-Zip:** OCALA, FL 34474

**Title:** D  
**Name:** PATEL, NARENDRAKUMAR G  
**Address:** 6560 SW 51 STREET CT  
**City-St-Zip:** OCALA, FL 34474

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:** NARENDRAKUMAR PATEL

PSVT

10/04/2011

Electronic Signature of Signing Officer or Director

Date