

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000068253

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** ABHIJIT DESHMUKH, MD, PA

**Current Principal Place of Business:**

1375 ROBERTS DR  
100  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

8356 KIM RD  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

8356 KIM ROAD  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

8356 KIM RD  
JACKSONVILLE, FL 32217 US

**FEI Number:** 20-4884484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESHMUKH, ABHIJIT  
1375 ROBERTS DR  
100  
JACKSONVILLE BEACH, FL 32250 US

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

DESHMUKH, ABHIJIT  
8356 KIM RD  
JACKSONVILLE, FL 32217 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: ABHIJIT DESHMUKH

10/07/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: DESHMUKH, ABHIJIT  
Address: 8356 KIM RD  
City-St-Zip: JACKSONVILLE, FL 32217 US

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: ABHIJIT DESHMUKH

PRES

10/07/2013

Electronic Signature of Signing Officer or Director

Date