

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000115503

**FILED**  
**Nov 14, 2011**  
**Secretary of State**

**Entity Name:** MID- PINELLAS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1531 S. MISSOURI AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

1229 S. MISSOURI AVENUE  
CLEARWATER, FL 33756

**Current Mailing Address:**

1531 S. MISSOURI AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

1229 S. MISSOURI AVENUE  
CLEARWATER, FL 33756

**FEI Number:** 06-1793324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REYNOLDS, LARRY A  
6776 TEQUESTA DRIVE  
SEMINOLE, FL 33775 US

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

REYNOLDS, REBECCA D  
6776 TEQUESTA DRIVE  
SEMINOLE, FL 33777 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: REBECCA D. REYNOLDS

11/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REYNOLDS, REBECCA D  
Address: 6776 TEQUESTA DR  
City-St-Zip: SEMINOLE, FL 33777

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: REBECCA D. REYNOLDS

PRES

11/14/2011

Electronic Signature of Signing Officer or Director

Date