

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000130912

Entity Name: ROBERT L. GRIFFIN, MD, PA

**FILED**  
**Apr 18, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

8550 TOUCHTON RD E  
# 1322  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

141 HOLLY BERRY LANE  
ST. JOHNS, FL 32259

## **Current Mailing Address:**

8550 TOUCHTON RD E  
# 1322  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

141 HOLLY BERRY LANE  
ST. JOHNS, FL 32259

FEI Number: 51-0608634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIFFIN, ROBERT L  
8550 TOUCHTON RD E  
# 1322  
JACKSONVILLE, FL 32216 US

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

GRIFFIN, ROBERT L  
141 HOLLY BERRY LANE  
ST JOHNS, FL 32259 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: ROBERT GRIFFIN

04/18/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GRIFFIN, ROBERT L  
Address: 8550 TOUCHTON RD E # 1322  
City-St-Zip: JACKSONVILLE, FL 32216

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: ROBERT GRIFFIN

PRES

04/18/2014

Electronic Signature of Signing Officer or Director

Date