

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000132490

FILED
Aug 19, 2013
Secretary of State

Entity Name: BELL & ASSOCIATES, M.D.,P.A.

Current Principal Place of Business:

2295 ARMSDALE ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

2340 SOUTEL DRIVE
JACKSONVILLE, FL 32208

Current Mailing Address:

2295 ARMSDALE ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

PO BOX 40684
JACKSONVILLE, FL 32203

FEI Number: 20-5660502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETSY S. HOLTON, P.A.
550 WATER STREET
1020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BELL, MICHELLE A MD
2340 SOUTEL DRIVE
JACKSONVILLE, FL 32208 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: MICHELLE A. BELL, MD

08/19/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BELL, MICHELLE A M.D.
Address: PO BOX 40684
City-St-Zip: JACKSONVILLE, FL 32203

Title: T
Name: WARREN, SONIA
Address: 1108 LEXINGTON DRIVE
City-St-Zip: ROSWELL, GA 30075

Title: S
Name: WARFORD, BOBBI
Address: 4789 PLAYSCHOOL DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DIR
Name: SMITH, RONALD K
Address: 66 LONGVIEW WAY
City-St-Zip: PALM COAST, FL 32137

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: MICHELLE A BELL, MD

P

08/19/2013

Electronic Signature of Signing Officer or Director

Date