

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000138053

**FILED**  
**Oct 04, 2013**  
**Secretary of State**

**Entity Name:** PIERRE LEGER, M.D. P.A.

**Current Principal Place of Business:**

5010 W CARMEN ST  
SUITE 2260  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

5010 W CARMEN ST  
SUITE 2260  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 20-5809845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGER, PIERRE  
5010 W CARMEN ST  
SUITE 2260  
TAMPA, FL 33609 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:** PIERRE LEGER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** LEGER, PIERRE  
**Address:** 5010 W CARMEN ST SUITE 2260  
**City-St-Zip:** TAMPA, FL 33609 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:** PIERRE LEGER

DPST

10/04/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date