

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000143493

Entity Name: LEROY CHARLES, M.D., P.A.

FILED
Oct 16, 2009
Secretary of State

Current Principal Place of Business:

10111 FOREST HILL BLVD
SUITE 231
WEST PALM BEACH, FL 33414

Current Mailing Address:

10111 FOREST HILL BLVD
SUITE 231
WEST PALM BEACH, FL 33414

New Principal Place of Business:

12957 PALMS WEST DR IVE
SUITE 231
LOXAHATCHEE, FL 33470

New Mailing Address:

12957 PALMS WEST DR IVE
SUITE 231
LOXAHATCHEE, FL 33470

FEI Number: 20-5924422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHARLES, LEROY
10111 FOREST HILL BLVD
SUITE 231
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

CHARLES, LEROY
12957 PALMS WEST DR
SUITE 102
LOXAHATCHEE, FL 33470 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: LEROY CHARLES

10/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: CHARLES, LEROY
Address: 12957 PALMS WEST DRIVE SUITE 102
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEROY CHARLES

MD

10/16/2009

Electronic Signature of Signing Officer or Director

Date