

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000143493

FILED
May 02, 2011
Secretary of State

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

Current Principal Place of Business:

12957 PALMS WEST DR IVE
SUITE 231
LOXAHATCHEE, FL 33470

New Principal Place of Business:

12957 PALMS WEST DRIVE
SUITE 231
LOXAHATCHEE, FL 33470

Current Mailing Address:

12957 PALMS WEST DR IVE
SUITE 231
LOXAHATCHEE, FL 33470

New Mailing Address:

12957 PALMS WEST DRIVE
SUITE 231
LOXAHATCHEE, FL 33470

FEI Number: 20-5924422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHARLES, LEROY
12957 PALMS WEST DRIVE
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, MD

05/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: LEROY CHARLES, MD

D

05/02/2011

Electronic Signature of Signing Officer or Director

Date