

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000145500

Entity Name: JAMES E. WADE, M.D., P.A.

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

832 PLACID LAKE DRIVE  
OSPREY, FL 34229 US

**New Principal Place of Business:**

1104 YOSEMITE DRIVE  
ENGLEWOOD, FL 34223 US

**Current Mailing Address:**

1104 YOSEMITE DR  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

1104 YOSEMITE DRIVE  
ENGLEWOOD, FL 34223 US

FEI Number: 20-8091548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELLOR, CORD C  
MELLOR & GRISSINGER  
13801-D TAMiami TRAIL  
NORTH PORT, FL 34287 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: CORD MELLOR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WADE, JAMES E M.D.  
Address: 1104 ENGLEWOOD DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223 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: JAMES WADE

PD

10/04/2014

Electronic Signature of Signing Officer or Director

Date