

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000157799

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Entity Name:** FIRST COAST FOOT & ANKLE CLINIC, INC.

**Current Principal Place of Business:**

3840 BELFORT RD.  
SUITE 102  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

8075 GATE PARKWAY WEST #301  
SUITE 301  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3840 BELFORT RD.  
SUITE 102  
JACKSONVILLE, FL 32216

**New Mailing Address:**

8075 GATE PARKWAY WEST #301  
SUITE 301  
JACKSONVILLE, FL 32216

**FEI Number:** 16-1782391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REDDY, VIMAL A  
3840 BELFORT RD  
SUITE 102  
JACKSONVILLE, FL 32216 US

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

REDDY, VIMAL A  
8075 GATE PARKWAY WEST #301  
SUITE 301  
JACKSONVILLE, FL 32216 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: VIMAL REDDY

10/08/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: REDDY, VIMAL  
Address: 8075 GATE PARKWAY WEST #301  
City-St-Zip: JACKSONVILLE, FL 32216 UN

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: VIMAL REDDY

PCEO

10/08/2014

Electronic Signature of Signing Officer or Director

Date