## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000130004

Entity Name: UNIVERSITY GERIATRIC MEDICAL CENTER, P.A.

FILED Oct 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3010 E. 138TH AVE., SUITE 100 TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

3010 E. 138TH AVE., SUITE 100 TAMPA, FL 33613

FEI Number: 26-3497788 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOORE, CHARLEA A
201 N. FRANKLIN ST., SUITE 2000
TAMPA, FL 33602 US

MOORE, CHARLES A
201 N. FRANKLIN ST., SUITE 2000
TAMPA, FL 33602 US

TAMPA, FL 33602 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: CHARLES A. MOORE 10/08/2008

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SHAH, DIPAK
 Name:

 Address:
 3010 E. 138TH AVE., SUITE 100
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 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: DIPAK SHAH P 10/08/2008