

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 JUN 15 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000130221

1. Entity Name
DAINA GREENE, MD, PA



Principal Place of Business
8122 SW 70TH PLACE
GAINESVILLE, FL 32608 US

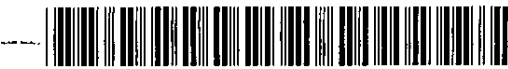
Mailing Address
8122 SW 70TH PLACE
GAINESVILLE, FL 32608 US

2. Principal Place of Business - No P.O. Box #
348 NE Methodist terrace
Suite, Apt. #, etc.
Suite 101

3. Mailing Address
348 NE Methodist terrace
Suite, Apt. #, etc.
Suite 101

City & State
Lake City, FL
Zip
32055
Country
USA

City & State
Lake City, FL
Zip
32055
Country
USA



REINSTATEMENT 08-09

4. FEI Number
26-1533586

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, DAINA
8122 SW 70TH PLACE
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
348 NE Methodist Terrace
Suite 101
City Lake City FL Zip Code 32055

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
P.D
GREENE, DAINA
STREET ADDRESS
8122 SW 70TH PLACE
CITY-ST-ZIP
GAINESVILLE, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
348 NE Methodist Terrace
Suite 101
Lake City, FL 32055 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100157178781
06/15/09--01053--007 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/09

Date

352 222 3734

Daytime Phone #