

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000132774

Entity Name: LMV MEDICINE, P.A.

FILED
Nov 19, 2008
Secretary of State

Current Principal Place of Business:

716 TOMLINSON TERRACE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

716 TOMLINSON TERRACE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 33-1195387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, KIMBERLY J
719 TOMLINSON TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

KILGORE, KIMBERLY J
716 TOMLINSON TERRACE
LAKE MARY, FL 32746 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: KIMBERLY J. KILGORE, M.D.

11/19/2008

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:

Title: D () Delete
Name: KILGORE, KIMBERLY J
Address: 719 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KILGORE, KIMBERLY J
Address: 716 TOMLINSON TERRACE
City-St-Zip: LAKE MARY, FL 32746

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: KIMBERLY J. KILGORE, M.D.

PRES

11/19/2008

Electronic Signature of Signing Officer or Director

Date