

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000014825

**FILED**  
**Nov 12, 2010**  
**Secretary of State**

**Entity Name:** STROKE AND BRAIN SPECIALISTS, P.A.

**Current Principal Place of Business:**

7316 CENTRAL AVE  
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

7316 CENTRAL AVE  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

7316 CENTRAL AVE  
ST PETERSBURG, FL 33707

**New Mailing Address:**

17940 GULF BOULEVARD  
18C  
ST PETERSBURG, FL 33708

**FEI Number:** 22-3975694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** W. HAMMESFAHR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** HAMMESFAHR, WILLIAM  
**Address:** 7316 CENTRAL AVE  
**City-St-Zip:** ST PETERSBURG, FL 33707

**Title:** D  
**Name:** HAMMESFAHR, WILLIAM  
**Address:** 17940 GULF BOULEVARD 18C  
**City-St-Zip:** ST PETERSBURG, FL 337087

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:** WILLIAM HAMMESFAHR

PRES

11/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date