

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000042281

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Entity Name:** SERENDIPITY MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

611 LEMON BLUFF RD  
OSTEEN, FL 32764 US

**New Principal Place of Business:**

3400 WHITNER WAY  
SANFORD, FL 32773 US

**Current Mailing Address:**

611 LEMON BLUFF RD  
OSTEEN, FL 32764 US

**New Mailing Address:**

3400 WHITNER WAY  
SANFORD, FL 32773 US

**FEI Number:** 26-2489533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIMMER, LESLIE A  
611 LEMON BLUFF RD  
OSTEEN, FL 32764 US

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

LIMMER, LESLIE A  
3400 WHITNER WAY  
SANFORD, FL 32773 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: LESLIE A. LIMMER

09/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LIMMER, LESLIE A  
Address: 3400 WHITNER WAY  
City-St-Zip: SANFORD, FL 32773 US

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: LESLIE A LIMMER

PRES

09/27/2011

Electronic Signature of Signing Officer or Director

Date