

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000086723

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** JONATHAN S. HALL, M.D., P.A.

**Current Principal Place of Business:**

530 GULFVIEW BLVD #807  
CLEARWATER, FL 33767

**New Principal Place of Business:**

6006 49TH STREET NORTH  
SUITE 330  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

530 GULFVIEW BLVD #807  
CLEARWATER, FL 33767

**New Mailing Address:**

6006 49TH STREET NORTH  
SUITE 330  
ST. PETERSBURG, FL 33709

**FEI Number:** 26-3399246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, JONATHAN S M.D.  
530 GULFVIEW BLVD #807  
CLEARWATER, FL 33767 US

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

HALL, JONATHAN S M.D.  
640 BEACH DRIVE  
ST. PETERSBURG, FL 33701 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: JONATHAN S. HALL

10/20/2009

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: DPST ( ) Delete  
Name: HALL, JONATHAN S M.D.  
Address: 530 GULFVIEW BLVD #807  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: HALL, JONATHAN S M.D.  
Address: 640 BEACH DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33701

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: JONATHAN S. HALL

DR

10/20/2009

Electronic Signature of Signing Officer or Director

Date