

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000013270

**FILED**  
**Apr 04, 2013**  
**Secretary of State**

**Entity Name:** ST. CLOUD NEUROLOGY, P.A.

**Current Principal Place of Business:**

3004 17TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

17307 PAGONIA DR  
STE 100  
CLERMONT, FL 34711

**Current Mailing Address:**

3004 17TH STREET  
ST. CLOUD, FL 34769

**New Mailing Address:**

17307 PAGONIA DR  
STE 100  
CLERMONT, FL 34711

FEI Number: 26-4235699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WALKER, GARY  
202 S ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 US

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

PAUL, SCHMIDT  
17307 PAGONIA DR  
SUITE 100  
CLERMONT, FL 34711 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: PAUL SCHMIDT

04/04/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SCHMIDT, PAUL  
Address: 17307 PAGONIA DR ST 100  
City-St-Zip: CLERMONT, FL 34711 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: PAUL SCHMIDT

PRES

04/04/2013

Electronic Signature of Signing Officer or Director

Date