

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000055039

**FILED**  
**Oct 08, 2010**  
**Secretary of State**

**Entity Name:** INFECTIOUS DISEASES OF THE TREASURE COAST PA

**Current Principal Place of Business:**

501 N.W. LAKE WHITNEY PLACE  
SUITE 102  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

501 N.W. LAKE WHITNEY PLACE  
SUITE 102  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 27-0463748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ORLOVIC, MILOS  
501NW LAKE WHITNEY PLACE  
SUITE 102  
PORT ST. LUCIE, FL 349861615 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:** MILOS ORLOVIC

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** ORLOVIC, DRAGANA  
**Address:** 2247 SW MANELE PLACE  
**City-St-Zip:** PALM CITY, FL 34990 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:** DRAGANA ORLOVIC

DR

10/08/2010

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

\_\_\_\_\_  
Date