2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2013
Secretary of State

DOCUMENT# P09000094021

Entity Name: KLAIMAN UROLOGY, P.A.

Current Principal Place of Business:

668 N. ORLANDO AVE., STE. 105
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1602 HOLTS GROVE CIRCLE
WINTER PARK, FL 32789

New Mailing Address:

668 N. ORLANDO AVE., STE. 105
MAITLAND, FL 32751

FEI Number: 27-1324771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLAIMAN, ALLAN P M.D.
1602 HOLTS GROVE CIRCLE
WINTER PARK, FL 32789 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: ALLAN KLAIMAN, MD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: KLAIMAN, ALLAN MD
Address: 1602 HOLTS GROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32789

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: JANISE KLAIMAN M 10/09/2013

Electronic Signature of Signing Officer or Director — Date