2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2013
Secretary of State

DOCUMENT# P10000073406

Entity Name: MY MEDICAL OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2165 MARAVILLA LANE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2165 MARAVILLA LANE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 27-3103421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTTEN, NICOLE
2165 MARAVILLA LANE
FORT MYERS, FL 33901 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: NICOLE OUTTEN
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: OUTTEN, NICOLE
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: OUTTEN, JALEN
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: V
Name: OUTTEN, PHILO
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: OUTTEN, JARYA
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: OUTTEN, JANAY
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: OUTTEN, JAHQUEZ
Address: 2165 MARAVILLA LANE
City-St-Zip: FORT MYERS, FL 33901

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: NICOLE OUTTEN P 04/30/2013
Electronic Signature of Signing Officer or Director Date