

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000103392

**Entity Name:** SARASOTA MEDICAL CARE, PA

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3530 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

3530 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**New Mailing Address:**

**FEI Number:** 27-4389641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEN, WELLINGTON  
3530 FRUITVILLE ROAD  
SARASOTA, FL 34237 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:** WELLINGTON CHEN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P, T  
**Name:** CHEN, WELLINGTON  
**Address:** 3530 FRUITVILLE ROAD  
**City-St-Zip:** SARASOTA, FL 34237 US

**Title:** S, D  
**Name:** CHEN, WELLINGTON  
**Address:** 3530 FRUITVILLE ROAD  
**City-St-Zip:** SARASOTA, FL 34237 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:** WELLINGTON CHEN

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

**PRES**

**10/19/2011**

\_\_\_\_\_  
Date