

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000017109

**Entity Name:** CENTRIX HEALTH MSO, INC.

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

14201 W. SUNRISE BLVD.  
SUITE 103  
SUNRISE, FL 33323 US

## **Current Mailing Address:**

14201 W. SUNRISE BLVD.  
SUITE 103  
SUNRISE, FL 33323 US

## **New Principal Place of Business:**

6615 W BOYNTON BEACH BLVD  
SUITE 339  
BOYNTON BEACH, FL 33437 US

## **New Mailing Address:**

6615 W BOYNTON BEACH BLVD  
SUITE 339  
BOYNTON BEACH, FL 33437 US

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

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

SOUTH FLORIDA TAX  
5001 S UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 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: SCOTT ITKIN

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

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHOCH, CHRISTOPHER  
Address: 6615 W BOYNTON BEACH BLVD SUITE 339  
City-St-Zip: BOYNTON BEACH, FL 33437 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: CHRISTOPHER D SCHOCH

P

01/02/2013

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

\_\_\_\_\_  
Date