2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2014
Secretary of State

DOCUMENT# P11000037246

Entity Name: NORDQUIST FAMILY MEDICAL CENTER, M. D. P.A.

Current Principal Place of Business:

1925 DON WICKHAM DR
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1925 DON WICKHAM DR
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 45-2156305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORDQUIST, CLAY E M.D.
1925 DON WICKHAM DR
CLERMONT, FL 34711 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: CLAY NORDQUIST

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

Title: TREA
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

Title: SECY
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

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: CLAY NORDQUIST PRES 10/04/2014

Electronic Signature of Signing Officer or Director Date