

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000090850

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** HEALTH ASSOCIATES OF TAMPA BAY, P.A.

**Current Principal Place of Business:**

608 SOUTH TAMPANIA AVE.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

608 SOUTH TAMPANIA AVE.  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 45-3610109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARAN, JEETPAUL MD  
1211 E CUMBERLAND AVE UNIT 501  
TAMPA, FL 33602 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:** JEETPAUL SARAN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** JEETPAUL, SARAN  
**Address:** 1211 EAST CUMBERLAND AVE., UNIT 501  
**City-St-Zip:** TAMPA, FL 33602

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:** JEETPAUL SARAN

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

DR.

10/09/2013

\_\_\_\_\_  
Date