

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000038154

FILED
Oct 18, 2013
Secretary of State

Entity Name: NEW TRUMAN MEDICAL CENTER, P.A.

Current Principal Place of Business:

2505 FLAGLER AVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

2505 FLAGLER AVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 45-5129165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHSMITH, ROBERT E
3158 NORTHSIDE DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

HAMILTON, AMANDA
540 TRUMAN AVE
KEY WEST, FL 33040 US

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: AMANDA HAMILTON

10/18/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SHAPIRO, GILBERT
Address: 2505 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: GERTH, ELIAS
Address: 2505 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: MACKEY, TIMOTHY
Address: 2505 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

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: ELIAS GERTH

D

10/18/2013

Electronic Signature of Signing Officer or Director

Date