

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000099255

FILED
Oct 05, 2014
Secretary of State

Entity Name: GRAHAM ROBINSON-FARAH, M.D., P.A.

Current Principal Place of Business:

8287 JAMESTOWN DR
WINTER HAVEN, FL 33884

New Principal Place of Business:

MONDELLO FAMILY CLINIC, 28149 US HIGHWAY 27
WINTER HAVEN, FL 33884

Current Mailing Address:

8287 JAMESTOWN DR
WINTER HAVEN, FL 33884

New Mailing Address:

9135 THOMASVILLE DRIVE
WINTER HAVEN, FL 33884

FEI Number: 46-1526405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON-FARAH, GRAHAM MD
8287 JAMESTOWN DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

ROBINSON-FARAH, GRAHAM D
9135 THOMASVILLE DRIVE
WINTER HAVEN, FL 33884 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: GRAHAM ROBINSON-FARAH

10/05/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: ROBINSON-FARAH, GRAHAM D
Address: 9135 THOMASVILLE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: GRAHAM ROBINSON-FARAH

MD

10/05/2014

Electronic Signature of Signing Officer or Director

Date