2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2014
Secretary of State

DOCUMENT# P13000051984

Entity Name: SAM KOSSEIFI, M.D., P.A.

Current Principal Place of Business:

209 ST.JOHNS FOREST BLVD.
ST.JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

209 ST.JOHNS FOREST BLVD.
ST.JOHNS, FL 32259

New Mailing Address:

FEI Number: 46-2994307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, EDWARD C
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 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: AKEL EDWARD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: KOSSEIFI, SAM M.D.
Address: 209 ST.JOHNS FOREST BLVD.
City-St-Zip: ST.JOHNS, FL 32259

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: SKOSSEIFI MD 10/03/2014

Electronic Signature of Signing Officer or Director — Date