

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000079215

Entity Name: MICHAEL MCIVOR, M.D., P.A.

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

1503 GOVERNMENT ROAD  
KEY WEST, FL 33040

## **New Principal Place of Business:**

1010 KENNEDY DRIVE SUITE#400  
KEY WEST, FL 33040

## **Current Mailing Address:**

1107 KEY PLAZA #334  
KEY WEST, FL 33040

## **New Mailing Address:**

FEI Number: 46-3693033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCIVOR, MICHAEL M.D.  
1503 GOVERNMENT ROAD  
KEY WEST, FL 33040 US

## **Name and Address of New Registered Agent:**

MCIVOR, MICHAEL M.D.  
1010 KENNEDY DRIVE SUITE#400  
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: MICHAEL MCIVOR, MD

10/06/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MCIVOR, MICHAEL M.D.  
Address: 1010 KENNEDY DRIVE SUITE#400  
City-St-Zip: KEY WEST, FL 33040

Title: TD  
Name: NEILL, SUSAN F  
Address: 1010 KENNEDY DRIVE SUITE#400  
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: MICHAEL MCIVOR, MD

PSD

10/06/2014

Electronic Signature of Signing Officer or Director

Date