

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000002316

FILED
Oct 06, 2014
Secretary of State

Entity Name: THE SPRINGS FAMILY MEDICAL CENTER, P.A.

Current Principal Place of Business:

10200 YALE AVE
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

10200 YALE AVE
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-3149854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1212 COURT STREET
SUITE B
CLEARWATER, FL 34616 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: ALAN GASSMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DENNER, MARK
Address: 9641 TOOKSHORE DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D
Name: MILLER, DAVID R
Address: 4860 S PRICES CT
City-St-Zip: HOMOSASSA, FL 34448

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: MARK A.DENNER

PRES

10/06/2014

Electronic Signature of Signing Officer or Director

Date