

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000096568

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** YOUR DOCTOR'S OFFICE, INC.

**Current Principal Place of Business:**

800 SOUTH NOVA RD  
STE A  
ORMOND BCH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 SOUTH NOVA RD  
STE A  
ORMOND BCH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-3334587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCOTT, ROBERT H JR.  
412 6TH STREET  
HOLLY HILL, FL 32117 US

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

BUCK, DANNIE E .  
800 SOUTH NOVA ROAD  
SUITE A  
ORMOND BEACH, FL 32174 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:** DANNIE E BUCK

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BUCK, DANNIE  
**Address:** 800 SOUTH NOVA RD., SUITE A  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** DANNIE E BUCK

PRES

01/18/2011

Electronic Signature of Signing Officer or Director

Date