

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000020000

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC.

**Current Principal Place of Business:**

5110 EISENHOWER BLVD.  
SUITE 340 B  
TAMPA, FL 33534

**New Principal Place of Business:**

4925 INDEPENDENCE PARKWAY  
SUITE 155  
TAMPA, FL 33534

**Current Mailing Address:**

5110 EISENHOWER BLVD.  
SUITE 340 B  
TAMPA, FL 33534

**New Mailing Address:**

4925 INDEPENDENCE PARKWAY  
SUITE 155  
TAMPA, FL 33634

**FEI Number:** 59-3390527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'ROURKE, JAMES R  
5110 EISENHOWER BLVD.  
SUITE 340 B  
TAMPA, FL 33534 US

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

O'ROURKE, JAMES R  
201 NORTH FRANKLIN STREET  
SUITE 3410  
TAMPA, FL 33602 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: JIM O' ROURKE

10/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RUPIN, BANKER  
Address: 4925 INDEPENDENCE PARKWAY SUITE 155  
City-St-Zip: TAMPA, FL 33634

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: JIM O ROURKE

MR

10/01/2012

Electronic Signature of Signing Officer or Director

Date