

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000039562

**FILED**  
**May 17, 2011**  
**Secretary of State**

**Entity Name:** FIRST COAST ENDOCRINOLOGY P.A.

**Current Principal Place of Business:**

9506 SOUTH RED ROAD  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9506 SOUTH RED ROAD  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 65-0672724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OESTERLE, DOUGLAS W  
9506 SOUTH RED ROAD  
MIAMI, FL 33156 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:** DOUGLAS W OESTERLE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** OESTERDE, ROBERT A  
**Address:** 9506 SOUTH RED ROAD  
**City-St-Zip:** MIAMI, FL 33156

**Title:** PD  
**Name:** OSTERLE, DOUGLAS W  
**Address:** 9506 SOUTH RED ROAD  
**City-St-Zip:** MIAMI, FL 33156

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:** ROBERT A OESTERLE

VPD

05/17/2011

Electronic Signature of Signing Officer or Director

Date