

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000053232

**FILED**  
**Dec 12, 2014**  
**Secretary of State**

**Entity Name:** ANTHONY SHYDOHUB, M.D., P.A.

**Current Principal Place of Business:**

4850 SUN N LAKE BLVD.  
SEBRING, FL 33872 US

**New Principal Place of Business:**

7350 SANDLAKE COMMONS BLVD  
3305  
ORLANDO, FL 32819 US

**Current Mailing Address:**

4850 SUN N LAKE BLVD.  
SEBRING, FL 33872 US

**New Mailing Address:**

7350 SANDLAKE COMMONS BLVD  
3305  
ORLANDO, FL 32819 US

**FEI Number:** 59-3395343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHYDOHUB, ANTHONY MD,PA  
4850 SUN N LAKE BLVD  
SEBRING, FL 33872 US

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

SHYDOHUB, ANTHONY MD,PA  
7350 SANDLAKE COMMONS BLVD  
3305  
ORLANDO, FL 32819 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:** ANTHONY SHYDOHUB

12/12/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHYDOHUB, ANTHONY MD, PA  
**Address:** 7350 SANDLAKE COMMONS BLVD  
**City-St-Zip:** ORLANDO, FL 32819

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:** ANTHONY SHYDOHUB

MD

12/12/2014

Electronic Signature of Signing Officer or Director

Date