2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2011
Secretary of State

DOCUMENT# P96000056603

Entity Name: FAMILY MEDICINE OF PALMS WEST, INC.

Current Principal Place of Business:

13005 SOUTHERN BLVD.
213
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 SOUTHERN BLVD.
213
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0688891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, WILLIAM A
13005 SOUTHERN BLVD. STE. 213
LOXAHATCHEE, FL 33470 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: WILLIAM A. JACOBS, DO
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR
Name: JACOBS, WILLIAM A
Address: 13005 SOUTHERN BLVD. STE. 213
City-St-Zip: LOXAHATCHEE, FL 33470

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: WILLIAM A. JACOBS, DO PRES 10/18/2011
Electronic Signature of Signing Officer or Director Date