

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000068782

Entity Name: LXMI, P.A.

**FILED**  
**May 28, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2262 DUNN AVE  
SUITE 1  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9969 CHELSEA LAKE RD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-3396251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, TARAK C DDS  
2262 DUNN AVE SUITE 1  
JACKSONVILLE, FL 32218 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: TARAK PATEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PATEL, TARAK C  
Address: 9969 CHELSEA LAKE RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: PATEL, ANJU  
Address: 3588 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207

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: TARAK PATEL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

05/28/2013

\_\_\_\_\_  
Date