

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000050922

**Entity Name:** PETER C. SMITH, M.D., P.A.

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

610 LAKEVIEW RD  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1931 SADDLE HILL RD NORTH  
DUNEDIN, FL 34698 US

**New Mailing Address:**

610 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

**FEI Number:** 59-3460970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, PETER C  
1931 SADDLE HILL RD N  
DUNEDIN, FL 34698 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:** PETER C. SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** SMITH, PETER C M.D.  
**Address:** 610 LAKEVIEW RD  
**City-St-Zip:** CLEARWATER, FL 33756 US

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:** PETER C SMITH

PRES

07/06/2011

Electronic Signature of Signing Officer or Director

Date