

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000104520

FILED
Sep 29, 2011
Secretary of State

Entity Name: A. B. ROA MEDICAL CENTER, P.A.

Current Principal Place of Business:

201 US HWY 27 SOUTH
LAKE PLACID, FL 33852

New Principal Place of Business:

201 US HWY 27 SOUTH
LAKE PLACID, FL 33852 US

Current Mailing Address:

PO BOX 2829
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-0884511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROA, DORIE C R.N.
201 U.S. HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

ROA, DORIE C
201 U.S. HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852 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: DORIE C ROA

09/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROA, ANTONIO B M.D.
Address: 201 U.S. HWY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852 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: ANTONIO B ROA

PRES

09/29/2011

Electronic Signature of Signing Officer or Director

Date