

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000105452

FILED
Aug 23, 2011
Secretary of State

Entity Name: GREGORY N. SMITH, M.D., P.A.

Current Principal Place of Business:

1250 SOUTH 18TH STREET
SUITE 204
FERNANDINA BEACH, FL 32304

New Principal Place of Business:

1250 SOUTH 18TH STREET
SUITE 204
AMELIA ISLAND, FL 32034 US

Current Mailing Address:

1250 SOUTH 18TH STREET
SUITE 204
FERNANDINA BEACH, FL 32304

New Mailing Address:

1250 SOUTH 18TH STREET
SUITE 204
AMELIA ISLAND, FL 32034 US

FEI Number: 59-3547253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GREGORY N PA
AMELIA ISLAND ORTHOPEDICS
1250 S 180TH STREET STE 204
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SMITH, GREGORY N MD, PA
1250 S. 18TH ST
STE 204
AMELIA ISLAND, FL 32034 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: GREGORY N. SMITH MD PA

08/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, GREGORY N MD PA
Address: 1250 SOUTH 18TH STREET
City-St-Zip: AMELIA ISLAND, FL 32034 US

Title: OM
Name: TODD, LESLIE
Address: 1250 SOUTH 18TH STREET
City-St-Zip: AMELIA ISLAND, FL 32034 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: LESLIE TODD

OM

08/23/2011

Electronic Signature of Signing Officer or Director

Date