

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000066760

**FILED**  
**Jul 14, 2014**  
**Secretary of State**

**Entity Name:** FLORIDA HOSPITALISTS GROUP, INC.

**Current Principal Place of Business:**

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 65-0936877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, ALLEN T M.D.  
1504 SW 57 TERR  
CAPE CORAL, FL 33914 US

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

FREIDIN, HOWARD  
1715 MONOE ST  
FORT MYERS, FL 339901 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: HOWARD FREIDIN

07/14/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: JACOBS, ALLEN T  
Address: 1504 SW 57 TERR  
City-St-Zip: CAPE CORAL, FL 33907 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: ALLEN JACOBS

TREA

07/14/2014

Electronic Signature of Signing Officer or Director

Date