

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V31419

**FILED**  
**Oct 29, 2012**  
**Secretary of State**

**Entity Name:** SHAWN M. SLATTERY, O.D., P.A.

**Current Principal Place of Business:**

12707 TAMIAMI TRAIL, EAST  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

21 BLUEBILL AVENUE  
#804  
NAPLES, FL 341081756 US

**New Mailing Address:**

**FEI Number:** 65-0327148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KOLOGY, STEPHEN G.  
2000 MAIN ST.  
SUITE 500  
FORT MYERS, FL 33901 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: KOLOGY, STEPHEN G.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: SLATTERY, SHAWN M.  
Address: 21 BLUEBILL AVENUE, #804  
City-St-Zip: NAPLES, FL 34108

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: SHAWN SLATTERY

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

DR.

10/29/2012

\_\_\_\_\_  
Date