

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000060377

**FILED**  
**Dec 10, 2012**  
**Secretary of State**

**Entity Name:** CAMPOS PRIMARY PHYSICIANS, P.A.

**Current Principal Place of Business:**

906 BEAK STREET  
CELEBRATION, FL 34747

**New Principal Place of Business:**

1290 MUIR TRAIL  
GULF BREEZE, FL 32563

**Current Mailing Address:**

906 BEAK STREET  
CELEBRATION, FL 34747

**New Mailing Address:**

1290 MUIR TRAIL  
GULF BREEZE, FL 32563

**FEI Number:** 94-3485394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPOS, LEON  
906 BEAK STREET  
CELEBRATION, FL 34747 US

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

CAMPOS, LEON P  
1290 MUIR TRAIL  
GULF BREEZE, FL 32563 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: LEON P CAMPOS

12/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPOS, LEON P  
Address: 1290 MUIR TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

Title: DIR  
Name: CAMPOS, LEON P  
Address: 1290 MUIR TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

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: LEON P CAMPOS

P

12/10/2012

Electronic Signature of Signing Officer or Director

Date