


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000072554			
1. Entity Name MARIA D. DOHERTY, M.D, LLC			
Principal Place of Business 11525 CORTEZ BLVD. BROOKSVILLE, FL 34613 US		Mailing Address 11525 CORTEZ BLVD. BROOKSVILLE, FL 34613 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

08 NOV 24 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10032008 REIN-LLC	CR2E101 (1/07)	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name: <u>RICK LEONE ESQ.</u> Street Address (P.O. Box Number is Not Acceptable): <u>RICK LEONE P.A.</u> <u>11035 SPRING HILL DRIVE</u> City: <u>SPRING HILL</u> FL Zip Code: <u>34608</u>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rick Leone* RICK LEONE - ATTY DATE: 11/9/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, MARIA D		NAME		
STREET ADDRESS	14089 HIGHGROVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
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REINSTATEMENT 2008 KS

100138364641
12/02/08--01009--002 **150.00

100138364641
12/02/08--01009--002 **138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Maria Doherty* Date: 10/13/08 Daytime Phone #: (352) 596-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE