

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000098515

**FILED**  
**Nov 23, 2011**  
**Secretary of State**

**Entity Name:** GENESIS PHYSICIANS GROUP, LLC

**Current Principal Place of Business:**

4600 N. HABANA AVE. #27  
TAMPA, FL 33614

**New Principal Place of Business:**

4600 N. HABANA AVE. #27  
TAMPA, FL 33614 US

**Current Mailing Address:**

4600 N. HABANA AVE. #27  
TAMPA, FL 33614

**New Mailing Address:**

4600 N. HABANA AVE. #27  
TAMPA, FL 33614 US

**FEI Number:** 27-3564170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, RAFAEL S  
4600 N. HABANA AVE. #27  
TAMPA, FL 33614 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: LYNN A. HENGOED

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HENGOED, LYNN A  
Address: 4600 N HABANA AVE #27  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN HENGOED

MGR

11/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date