

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000013372

**Entity Name:** PELICAN MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

616 E. STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

508 JEFFORDS ST  
STE D  
CLEARWATER, FL 33756

**FEI Number:** 59-3679747

**Certificate of Status Desired:** No

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

FOX, GREGORY A  
28050 U.S. 19 NORTH, STE. 100  
STE 100  
CLEARWATER, FL 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:** GREGORY FOX

02/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title M D  
Name AMIN, DEVENDRA MD  
Address 616 E STREET  
City-State-Zip: CLEARWATER FL 33756

Title MD  
Name KLEIN, HOWARD D  
Address 508 JEFFORDS ST., STE. D  
City-State-Zip: CLEARWATER FL 33756

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD D KLEIN

MD

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date