

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000074554

**Entity Name:** FREEPORT CLINICS, L.L.C.

**Current Principal Place of Business:**

2734 EAST COUNTY HIGHWAY 30A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

POST OFFICE BOX 289  
FREEPORT, FL 32439 US

**FEI Number:** 20-3229184

**Certificate of Status Desired:** No

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

DAVID GOLDSTIEN, PA  
MALLET BAYOU DR  
FREEPORT, FL 32439 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:** DAVID GOLDSTIEN

03/16/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOROWITZ, JOHN M  
Address POST OFFICE BOX 289  
City-State-Zip: FREEPORT FL 32439

*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:** JOHN HOROWITZ

MGR

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date