

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000012411

**Entity Name:** HIMES WALK IN CLINIC L.L.C

**Current Principal Place of Business:**

7819 N DALE MABRY HWY, SUITE 114  
TAMPA, FL 33614

**Current Mailing Address:**

7819 N DALE MABRY HWY, SUITE 114  
TAMPA, FL 33614 US

**FEI Number:** 46-2599551

**Certificate of Status Desired:** No

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

KALIN, DAVID P MD  
7819 N DALE MABRY HWY, SUITE 114  
TAMPA, FL 33614 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 P KALIN MD

10/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KALIN, DAVID P MD  
Address 7819 N DALE MABRY HWY, SUITE 114  
  
City-State-Zip: TAMPA FL 33614

*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:** DAVID P KALIN MD

MGRM

10/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date