

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000015262

**Entity Name:** GERARDO L. GARCIA, M.D., P.L.L.C.

**Current Principal Place of Business:**

1139 43RD AVE NORTH  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

1139 43RD AVE NORTH  
ST PETERSBURG, FL 33703 US

**FEI Number: 46-4809951**

**Certificate of Status Desired: No**

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

GERARDO L. GARCAI  
1139  
43RD AVENUE NORTH  
ST. PETERSBURG, FL 33703 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:** GERARDO L. GARCIA

05/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GARCIA, GERARDO L M.D.  
Address 1139 43RD AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33703

*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:** GERARDO L. GARCIA

M.D.

05/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date