

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000007238

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** SANIBEL MEDICAL CLINIC, P.L.

**Current Principal Place of Business:**

1715 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

2499 PALM RIDGE ROAD  
SANIBEL ISLAND, FL 33957

**Current Mailing Address:**

1715 PERIWINKLE WAY  
SANIBEL ISLAND, FL 33957

**New Mailing Address:**

POB 628  
SANIBEL ISLAND, FL 33957

**FEI Number:** 65-1018193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULK, BILL  
1807 BOWMANS BEACH ROAD  
SANIBEL, FL 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FULK, BILL DR.  
Address: 1807 BOWMAN'S BEACH ROAD  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: BILL FULK

MGR

10/19/2004

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