

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000006133

FILED
May 09, 2007
Secretary of State

Entity Name: HAMMESFAHR NEUROLOGICAL INSTITUTE, LLC

Current Principal Place of Business:

600 DRUID ROAD EAST
CLEARWATER, FL 337563912

New Principal Place of Business:

Current Mailing Address:

600 DRUID ROAD EAST
CLEARWATER, FL 337563912

New Mailing Address:

FEI Number: 59-3761466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAMMESFAHR, WILLIAM M MD
600 DRUID ROAD EAST
CLEARWATER, FL 337563912 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: WILLIAM HAMMESFAHR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HAMMESFAHR, WILLIAM
Address: 16110 FIFTH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: M () Change (X) Addition
Name: GINA, HAMMESFAHR
Address: 16110 5TH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM HAMMESFAHR

P

05/09/2007

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