

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:11

DOCUMENT # L01000019607

1. Entity Name
NORTH PORT MEDICAL, L.L.C.



Principal Place of Business
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

Mailing Address
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287



2. Principal Place of Business - No P.O. Box #
13815 S. Tamiami Trail

3. Mailing Address
13815 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 REIN-LLC CR2E101 (1/07)

City & State
North Port, Florida

City & State
North Port, Florida

4. FEI Number
65-1153572

Applied For
Not Applicable

Zip
34287

Country
USA

Zip
34287

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, JAMES M P.A.
C/O NORTH PORT MEDICAL
12749 S. TAMiami TRAIL
NORTH PORT, FL 34287

Name
Cord C. Mellor

Street Address (P.O. Box Number is Not Acceptable)
13801 - D Tamiami Trail

City North Port FL Zip Code 34287

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Cord C. Mellor* Cord C. Mellor 25 January 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GUTIERREZ, ROBERT F ☐ Delete
STREET ADDRESS 12749 SOUTH TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE MGR ☒ Change ☐ Addition
NAME Gutierrez, Robert F.
STREET ADDRESS 13815 S. Tamiami Trail
CITY-ST-ZIP North Port, FL 34287

TITLE MGR ☐ Delete
NAME CISLO, DAVID G
STREET ADDRESS 12749 SOUTH TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE MGR ☒ Change ☐ Addition
NAME Cislo, David G.
STREET ADDRESS 13815 S. Tamiami Trail
CITY-ST-ZIP North Port, FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

01/26/07

941 426-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #