

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:11

<b>DOCUMENT # L01000019607</b> 1. Entity Name NORTH PORT MEDICAL, L.L.C.	
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Principal Place of Business 12749 SOUTH TAMiami TRAIL NORTH PORT, FL 34287	Mailing Address 12749 SOUTH TAMiami TRAIL NORTH PORT, FL 34287
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2. Principal Place of Business - No P.O. Box # <b>13815 S. Tamiami Trail</b>	3. Mailing Address <b>13815 S. Tamiami Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252007 REIN-LLC CR2E101 (1/07)

City & State <b>North Port, Florida</b>	City & State <b>North Port, Florida</b>
Zip <b>34287</b>	Country <b>USA</b>

4. FEI Number <b>65-1153572</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ROBERT F	
STREET ADDRESS	12749 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CISLO, DAVID G	
STREET ADDRESS	12749 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Robert F.	
STREET ADDRESS	13815 S. Tamiami Trail	
CITY-ST-ZIP	North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cislo, David G.	
STREET ADDRESS	13815 S. Tamiami Trail	
CITY-ST-ZIP	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/05/07--01004--026 \*\*105.00

REINSTATEMENT

06-07

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: *Cord C. Mellor* **Cord C. Mellor** **01/26/07** **941 426-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #