

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV -1 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021981

1. Entity Name  
DONALD D. STODDARD, M.D., LLC



Principal Place of Business  
270 HUMMINGBIRD LANE  
LONGWOOD, FL 32779

Mailing Address  
270 HUMMINGBIRD LANE  
LONGWOOD, FL 32779

2. Principal Place of Business

3. Mailing Address

C/O SCARCE, SATCHEL + JUNG, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 3060

10222004

REIN-LLC

CR2E101 (6/04)

City & State

City & State

WINTER PARK, FL

4. FEI Number

22-3850206

Applied For

Not Applicable

Zip

Country

Zip

32790 - 3060

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

STODDARD, DONALD D M.D.  
270 HUMMINGBIRD LANE  
LONGWOOD, FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]*

DONALD D. STODDARD

10-27-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STODDARD, DONALD DMD  
270 HUMMINGBIRD LANE  
LONGWOOD, FL 32779 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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]*

DONALD D. STODDARD

10-27-04

321-277-5990

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

Date

Daytime Phone #