# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# L02000000207

**Entity Name:** KENT R. CORRAL, M.D., P.L.

**Current Principal Place of Business:**

2409 AZEELE ST.
TAMPA, FL 33609

**New Principal Place of Business:**

4700 N HABANA AVE
SUITE 103
TAMPA, FL 33614

**Current Mailing Address:**

2409 AZEELE ST.
TAMPA, FL 33609

**New Mailing Address:**

4700 N HABANA AVE
SUITE 103
TAMPA, FL 33614

**FEI Number: 59-3140290** **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:**

HINES, JAMES P ESQ.
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: JAMES P. HINES ESQ.

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: ICEMAN, CHARRISE L
Address: 2409 W. AZEELE ST.
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ICEMAN, CHARRISE L
Address: 4700 N HABANA AVE STE 103
City-St-Zip: TAMPA, FL 33614

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: CHARRISE L ICEMAN, CMA, RMA MGR 04/14/2009

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