

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 04, 2009  
Secretary of State**

DOCUMENT# L02000023487

Entity Name: ROBERT D. FLURRY, L.L.C.

**Current Principal Place of Business:**

9290 BALDRIDGE ROAD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

9290 BALDRIDGE ROAD  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 72-1575263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASSMAN, JOHN ESQUIRE  
1127 NORTH PALAFOX STREET  
PENSACOLA, FL 32501 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: JOHN GLASSMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLURRY, ROBERT D M.D.  
Address: 9290 BALDRIDGE ROAD  
City-St-Zip: PENSACOLA, FL 32514 US

**ADDITIONS/CHANGES:**

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

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: ROBERT D FLURRY MD

MGRM

12/04/2009

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