

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000026893

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** LAWRENCE H. FINK, M.D., FACS, P.L.

**Current Principal Place of Business:**

7700 ALISTER MACKENZIE DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

5851 GRIONA PLACE  
SARASOTA, FL 34238

**Current Mailing Address:**

PO BOX 25504  
SARASOTA, FL 34277

**New Mailing Address:**

PO BOX 3319  
SARASOTA, FL 34230

**FEI Number:** 06-1651019      **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:**

FINK, LANA P MS  
7700 ALISTER MACKENZIE DRIVE  
SARASOTA, FL 34240      US

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

FINK, LANA P MS  
5851 GRIONA PLACE  
SARASOTA, FL 34238      US

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: LANA P. FINK

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MS  
**Name:** FINK, LANA P  
**Address:** 5851 GIRONA PLACE  
**City-St-Zip:** SARASOTA, FL 34238 US

I hereby 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: LANA P. FINK

MGR

04/09/2010

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