


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:52

<b>DOCUMENT # L03000037289</b> 1. Entity Name <b>MDM PALM HARBOR MEDICAL ARTS CENTER, LLC</b>					
Principal Place of Business <b>4198 LOSILLIAS DRIVE SARASOTA, FL 34238</b>			Mailing Address <b>115 N TAMiami TRAIL UNIT #B NOKOMIS, FL 34275</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10172005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARSHALL, DAVID B 115 N TAMiami TRAIL, UNIT #B NOKOMIS, FL 34275</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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		<i>David B. Marshall</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>10/17/05</b>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGGIO, MICHAEL D		NAME	60006089936	
STREET ADDRESS	4198 LOSILLIAS DRIVE		STREET ADDRESS	10/24/05--01066--012 **150.00	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>REINSTATEMENT</b>	
STREET ADDRESS			STREET ADDRESS	<b>2005</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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			941-356-3561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		