

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000042921

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Entity Name:** CITRUS SURGERY CENTER PHYSICIANS REALTY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

210 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602

**New Principal Place of Business:**

7268 CRYSTAL SPRING RUN  
WEEKI WACHEE, FL 34607

**Current Mailing Address:**

P.O. BOX 3324  
TAMPA, FL 33601

**New Mailing Address:**

7268 CRYSTAL SPRING RUN  
WEEKI WACHEE, FL 34607

**FEI Number:** 20-0948534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLAN, MICHAEL J  
201 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602 US

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

NOLAN, MICHAEL  
201 N. FRANKLIN ST., SUITE 2200  
TAMPA, FL 33602 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: MICHAEL NOLAN

10/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOLAN, MICHAEL J  
Address: 201 N. FRANKLIN ST., SUITE 2200  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUARINO, MICHAEL  
Address: 7268 CRYSTAL SPRING RUN  
City-St-Zip: WEEKI WACHEE, FL 34607

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: MICHAEL GUARINO

COO

10/25/2007

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