

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000046534

**FILED**  
**Nov 10, 2005**  
**Secretary of State**

**Entity Name:** PHYSICIANS ON CALL, LLC

**Current Principal Place of Business:**

4421 NW HWY 27  
SUITE 223  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

4421 NW HWY 27  
SUITE 223  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 20-0445412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLOWAY, MICHAEL M M.D.  
8250 NW 136TH AVENUE ROAD  
OCALA, FL 34482 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:** MICHAEL HOLLOWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HOLLOWAY, MICHAEL M M.D.  
**Address:** 8250 NW 136TH AVENUE ROAD  
**City-St-Zip:** OCALA, FL 34482

**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 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 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 HOLLOWAY

MGR

11/10/2005

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