

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003520

FILED
Jan 20, 2014
Secretary of State

Entity Name: MAGNOLIA MEDICAL CENTER,LLC

Current Principal Place of Business:

1000 S FORT HARRISON AVE
CLEARWATER, FL 33757 US

New Principal Place of Business:

Current Mailing Address:

2320 SETON LN
LARGO, FL 337741019 US

New Mailing Address:

FEI Number: 20-0748258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DEAN
2320 SETON LN
LARGO, FL 337741019 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: DEAN E NICHOLS

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: NICHOLS, DEAN
Address: 2320 SETON LN
City-St-Zip: LARGO, FL 337741019

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DEAN E NICHOLS

MGRM

01/20/2014

Electronic Signature of Authorized Person

Date