

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000017921

**FILED**  
**Sep 09, 2014**  
**Secretary of State**

**Entity Name:** RINCON MEDICAL CENTER, LLC

**Current Principal Place of Business:**

12601 WORLD PLAZA LANE  
SUITE # 1  
FORT MYERS, FL 33907

**New Principal Place of Business:**

12601 WORLD PLAZA LANE  
SUITE # 3  
FORT MYERS, FL 33907

**Current Mailing Address:**

12601 WORLD PLAZA LANE  
SUITE # 1  
FORT MYERS, FL 33907

**New Mailing Address:**

12601 WORLD PLAZA LANE  
SUITE # 3  
FORT MYERS, FL 33907

**FEI Number:** 20-0822804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINCON, WILLIAM G  
13622 PINE VILLA LANE  
FORT MYERS, FL 33912 US

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

RINCON, WILLIAM G  
12601 WORLD PLAZA LANE  
SUITE #3  
FORT MYERS, FL 33907 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: WILLIAM G. RINCON

09/09/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: RINCON, WILLIAM G  
Address: 12601 WORLD PLAZA LANE SUITE #3  
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGRM  
Name: RINCON, MARGARITA R  
Address: 12601 WORLD PLAZA LANE SUITE #3  
City-St-Zip: FORT MYERS, FL 33907 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: WILLIAM G. RINCON

MGRM

09/09/2014

Electronic Signature of Authorized Person

Date