

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000020735

**FILED**  
**Jun 05, 2006**  
**Secretary of State**

**Entity Name:** M. CHRISTOPHER MACLAREN, D.O., LLC

**Current Principal Place of Business:**

6224 ROCKROSS AVENUE  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

18133 PATTERSON RD.  
ODESSA, FL 33556 US

**Current Mailing Address:**

6224 ROCKROSS AVENUE  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

18133 PATTERSON RD.  
ODESSA, FL 33556 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FOX, GREGORY A  
6224 ROCKROSS AVENUE  
NEW PORT RICHEY, FL 34655 US

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

FOX, GREGORY A  
28050 U.S. 19 NORTH  
100  
CLEARWATER, FL 33761 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: M. CHRISTOPHER MACLAREN

06/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MACLAREN, M. CHRISTOPHER  
Address: 6224 ROCKROSS AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MACLAREN, M. CHRISTOPHER  
Address: 18133 PATTERSON RD.  
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the 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: M. CHRISTOPHER MACLAREN

PRES

06/05/2006

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