

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000080105

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** M.T. CAUSLEY PRIVATE PROVIDER SERVICES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

97 N.E. 15TH STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

97 N.E. 15TH STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 20-1847480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

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

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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 G. LITTLE

02/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAUSLEY, MICHAEL T  
Address: 97 N.E. 15TH STREET  
City-St-Zip: HOMESTEAD, FL 33030 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 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 T. CAUSLEY

MGRM

02/24/2012

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