

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088645

FILED
Apr 22, 2009
Secretary of State

Entity Name: GREAT PHYSICIAN'S PUBLISHING, LLC

Current Principal Place of Business:

5500 VILLAGE BLVD
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

5500 VILLAGE BLVD
WEST PALM BEACH, FL 33410 US

New Mailing Address:

FEI Number: 20-1973364 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRINLEY, PAUL T ESQ
1675 PALM BEACH LAKES BLVD.
STE. 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

BRAMS, JEFFERY B ESQ.
5500 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33407 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: JEFFREY B. BRAMS, ESQ.

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUBIN, JORDAN S
Address: 5500 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGR () Delete
Name: RUBIN, NICOLE D
Address: 5500 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NICOLE RUBIN

MGR

04/22/2009

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