

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091696

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SAMSON ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

5741 BEE RIDGE ROAD, STE. 400  
SARASOTA, FL 34233

**New Principal Place of Business:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232

**Current Mailing Address:**

5741 BEE RIDGE ROAD, STE. 400  
SARASOTA, FL 34233

**New Mailing Address:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232

**FEI Number:** 37-1503923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

GASSMAN, ALAN S  
1245 COURT STREET, STE. 102  
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: ALAN S. GASSMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: DPS ( ) Delete  
Name: SAMSON, RUSSELL H M.D.  
Address: 5741 BEE RIDGE ROAD SUITE 400  
City-St-Zip: SARASOTA, FL 34233

Title: DPS (X) Change ( ) Addition  
Name: SAMSON, RUSSELL H M.D.  
Address: 600 NORTH CATTLEMEN ROAD, SUITE 220  
City-St-Zip: SARASOTA, FL 34232

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: RUSSELL H. SAMSON, M.D.

DPS

04/30/2009

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