


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000017493		
1. Entity Name SPACE COAST EMERGENCY PHYSICIANS, PLC		

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 701 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931 US	Mailing Address 701 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 424 Lanternback Island Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Satellite Beach FL	
Zip	Country	Zip	Country
32937	USA	32937	USA

03062007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-2370070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGOOHAN, MICHAEL P MD 701 WEST COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931	
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7. Name and Address of New Registered Agent	
Name	McGoochan, Michael P D.O
Street Address (P.O. Box Number is Not Acceptable)	424 Lanternback Island Drive
City	Satellite Beach FL Zip Code 32937

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	Michael P McGoochan DO 3/15/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:	3/15/07 321-779-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	