

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000033499

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** REGIONAL EMERGENCY MEDICINE, LLC

**Current Principal Place of Business:**

3533 OAK HILL TRAIL  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

123 ARIZONA STREET  
CARRABELLE, FL 32322

**Current Mailing Address:**

3533 OAK HILL TRAIL  
TALLAHASSEE, FL 32312

**New Mailing Address:**

123 ARIZONA STREET  
CARRABELLE, FL 32322

**FEI Number:** 20-2504143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEIGNER, JOHN M II  
3533 OAK HILL TRAIL  
TALLAHASSEE, FL 32312 US

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

STEIGNER, JOHN M II  
123 ARIZONA STREET  
CARRABELLE, FL 32322 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: JOHN M. STEIGNER, II

04/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEIGNER, JOHN M II  
Address: 3533 OAK HILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Delete  
Name: STEIGNER, SHARON M II  
Address: 3533 OAK HILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEIGNER, JOHN M II  
Address: 123 ARIZONA STREET  
City-St-Zip: CARRABELLE, FL 32322

Title: MGR (X) Change ( ) Addition  
Name: STEIGNER, SHARON M II  
Address: 123 ARIZONA STREET  
City-St-Zip: CARRABELLE, FL 32322

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: JOHN M. STEIGNER, II

MGRM

04/02/2009

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