

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000034492

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** LAKE MARY MEDPLEX, L.L.C.

**Current Principal Place of Business:**

1322 CROWN ISLE CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

4106 W. LAKE MARY BLVD  
SUITE 325  
LAKE MARY, FL 32746

**Current Mailing Address:**

1322 CROWN ISLE CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-2613752      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:**

LUETKEMEYER, ERIC  
1322 CROWN ISLE CIRCLE  
APOPKA, FL 32712      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: ERIC LUETKEMEYER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUETKEMEYER, ERIC  
Address: 1322 CROWN ISLE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: MGR  
Name: HARVEY, DAN JR.  
Address: P.O. BOX 7978  
City-St-Zip: ST. PETERSBURG, FL 337347978

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: ERIC LUETKEMEYER

MGRM

03/18/2010

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