2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L05000038394

Entity Name: WOMEN'S PELVIC HEALTH & CONTINENCE CENTER, P.L.

Current Principal Place of Business:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6440 W NEWBERRY RD, STE 409
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-2620852 **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:

DANIEL, CHERYL C
6440 WEST NEWBERRY ROAD
409
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

ROLFE, PAM
6440 WEST NEWBERRY ROAD
409
GAINESVILLE, FL 32605 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: PAM ROLFE 09/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MD ( ) Delete
Name: BAILEY, GREGORY J
Address: 6440 W NEWBERRY RD, STE 409
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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: GREG BAILEY OWN 09/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date