

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000038394

**FILED**  
**Jun 19, 2012**  
**Secretary of State**

**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)**

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

ROLFE, PAM  
6440 WEST NEWBERRY ROAD  
409  
GAINESVILLE, FL 32605 US

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: PAM ROLFE

MGR

06/19/2012

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