

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000041970

**Entity Name:** MICHAEL D. MOZZETTI, M.D., P.L.

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

22655 BAYSHORE RD STE 120  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

4476 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-3055933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOZZETTI, MICHAEL D MD  
4476 HARBOR BLVD  
PORT CHARLOTTE, FL 33952 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:** MICHAEL MOZZETTI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOZZETTI, MICHAEL D MD  
**Address:** 4476 HARBOR BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

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:** MICHAEL D MOZZETTI

MGR

12/01/2010

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