

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000044455

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

**Entity Name:** HOPE FAMILY MEDICINE L.L.C.

**Current Principal Place of Business:**

1612 WEST PLAZA DR.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

3375 CAPITAL CIRCLE NE  
SUITE E  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1612 WEST PLAZA DR.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

3375 CAPITAL CIRCLE NE  
SUITE E  
TALLAHASSEE, FL 32308

**FEI Number:** 65-1252296      **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:**

ABLORDEPPEY, JOY H MD  
1612 WEST PLAZA DR.  
TALLAHASSEE, FL 32308      US

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

ABLORDEPPEY, JOY H MD  
3375 CAPITAL CIRCLE NE  
SUITE E  
TALLAHASSEE, FL 32308      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:** JOY H. ABLORDEPPEY, MD

10/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** ABLORDEPPEY, JOY H MD  
**Address:** 3526 LIMERICK DR  
**City-St-Zip:** TALLAHASSEE, FL 32309

**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:** JOY H. ABLORDEPPEY

DR.

10/17/2007

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