

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000065198

Entity Name: JOSEPH F. DIACO, M.D., LLC

FILED  
Jun 19, 2009  
Secretary of State

## Current Principal Place of Business:

4700 N. HABANA AVE.  
SUITE 400  
TAMPA, FL 33614 US

## New Principal Place of Business:

2835 W DE LEON ST  
SUITE 102  
TAMPA, FL 33609 US

## Current Mailing Address:

4700 N. HABANA AVE.  
SUITE 400  
TAMPA, FL 33614 US

## New Mailing Address:

2835 W DE LEON ST  
SUITE 102  
TAMPA, FL 33609 US

FEI Number: 26-0122245      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:

DIACO, STEPHEN C  
101 E. KENNEDY BLVD.  
SUITE 2175  
TAMPA, FL 33602 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: STEPHEN C DIACO

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DIACO, JOSEPH F  
Address: 4700 N. HABANA AVE. STE 400  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DIACO, JOSEPH F  
Address: 2835 W DE LEON ST STE 102  
City-St-Zip: TAMPA, FL 33609

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: JOSEPH F DIACO

MGRM

06/19/2009

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