

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000065505

FILED
Dec 22, 2009
Secretary of State

Entity Name: MARTIN, CONDON & MENDONCA, P.L.

Current Principal Place of Business:

7515 STATE ROAD 52, #102
HUDSON, FL 34667

New Principal Place of Business:

7614 JACQUE ROAD
SUITE B
HUDSON, FL 34667 US

Current Mailing Address:

7515 STATE ROAD 52, #102
HUDSON, FL 34667

New Mailing Address:

11373 CORTEZ BLVD
SUITE 201
BROOKSVILLE, FL 34613 US

FEI Number: 20-3115743 **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:

MENDONCA, HUGO
7515 STATE ROAD 52, #102
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

MENDONCA, HUGO L MD
7614 JACQUE ROAD
SUITE B
HUDSON, FL 34667 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: HUGO L. MENDONCA, MD

12/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDONCA, HUGO
Address: 7515 STATE RD 52 SUITE 102
City-St-Zip: HUDSON, FL 34667

Title: MGRM () Delete
Name: CONDON, JAMES
Address: 7515 STATE RD 52 SUITE 102
City-St-Zip: HUDSON, FL 34667

Title: MGRM () Delete
Name: MARTIN, LAURENCE
Address: 7515 STATE RD 52 SUITE 102
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MENDONCA, HUGO
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM (X) Change () Addition
Name: CONDON, JAMES
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM (X) Change () Addition
Name: MARTIN, LAURENCE
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US

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: HUGO L. MENDONCA, MD

MGRM

12/22/2009

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