

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000068266

**Entity Name:** PAUL MARTIN, M.D., PLLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2333 KAPIOLANI BLVD  
2609  
HONOLULU, HI 96826

**New Principal Place of Business:**

**Current Mailing Address:**

2333 KAPIOLANI BLVD  
2609  
HONOLULU, HI 96826

**New Mailing Address:**

**FEI Number:** 20-3147918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, PAUL E DR.  
2333 KAPIOLANI BLVD  
2609  
HONOLULU, FL 96828 US

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

MARTIN, PAUL E DR.  
1111 BRICKELL BAY DRIVE  
906  
MIAMI, FL 33131 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: PAUL MARTIN

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTIN, PAUL E DR.  
Address: 2333 KAPIOLANI BLVD  
City-St-Zip: HONOLULU, HI 96826

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: PAUL MARTIN

MGR.

04/25/2012

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