

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000077567

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** GULF COAST MEDICAL GROUP, LLC

**Current Principal Place of Business:**

853 VANDERBILT BEACH ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

853 VANDERBILT BEACH ROAD  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-3267571      **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:**

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

KOZOL, AARON J  
853 VANDERBILT BEACH ROAD  
NAPLES, FL 34108      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: AARON KOZOL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KOZOL, AARON J  
**Address:** 853 VANDERBILT BEACH ROAD  
**City-St-Zip:** NAPLES, FL 34108

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: AARON KOZOL

MGR

02/09/2010

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