

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079057

FILED
Jun 26, 2007
Secretary of State

Entity Name: 7545-7547 MEDICAL DRIVE, L.L.C.

Current Principal Place of Business:

13910 LAKESHORE BLVD., SUITE 140
HUDSON, FL 34667

New Principal Place of Business:

7545 MEDICAL DRIVE
HUDSON, FL 34667

Current Mailing Address:

13910 LAKESHORE BLVD., SUITE 140
HUDSON, FL 34667

New Mailing Address:

7545 MEDICAL DRIVE
HUDSON, FL 34667

FEI Number: 59-3826451 **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:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: ALAN S GASSMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PTR () Change (X) Addition
Name: PASCUAL, JOSE F
Address: 10345 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PTR () Change (X) Addition
Name: SORRESSO, DOMENICK J
Address: 4255 RIVER BIRCH DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

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: JOSE F PASCUAL

PTR

06/26/2007

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