

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000096046

FILED
Nov 16, 2009
Secretary of State

Entity Name: CANTRELL MEDICAL CLINIC, LLC

Current Principal Place of Business:

1 FLEET LANDING BLVD.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1 FLEET LANDING BLVD.
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-3932091 **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:

CHARLES R. ATKINS, CPA
4940 EMERSON STREET
SUITE 100
JACKSONVILLE, FL 32207 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: CHARLES R ATKINS, CPA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CANTRELL, AMALA
Address: 12303 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CANTRELL, AMALA
Address: PO BOX 23338
City-St-Zip: JACKSONVILLE, FL 32241

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: AMALA CANTRELL

MGR

11/16/2009

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