

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000114006

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

**Entity Name:** WAKULLA URGENT CARE & DIAGNOSTIC CENTER PLC

**Current Principal Place of Business:**

1325 CASTAL HWY  
PANACEA, FL 32346

**New Principal Place of Business:**

1325 COASTAL HWY  
PANACEA, FL 32346

**Current Mailing Address:**

PO BOX 70  
PANACEA, FL 32346

**New Mailing Address:**

FEI Number: 20-3850058      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:**

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

KEEN, DAVID  
2245 UPLAND WAY  
TALLAHASSEE, FL 32311      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: DAVID KEEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KEEN, DAVID  
Address: 2245 UPLAND WAY  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID KEEN

MGR

10/24/2008

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