2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 15, 2011
Secretary of State

DOCUMENT# L05000120731

Entity Name: LYNAN PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

36739 STATE RD 52 BOX 7
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

36739 STATE RD 52 BOX 7
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 20-3907386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAIR, WILLIAM L
30304 LAURELWOOD LANE
WESLEY CHAPEL, FL 33543 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: WILLIAM L ADAIR

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ADAIR, WILLIAM L
Address: 30304 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR
Name: ADAIR, DARBRA E
Address: 30304 LAURELWOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

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 Statues.

SIGNATURE: WILLIAM L ADAIR MGR 11/15/2011

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