

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000012765

Entity Name: CLERMONT MEDICAL, LLC

**FILED**  
**May 15, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2038 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

2048 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

2038 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

2048 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

FEI Number: 20-4249133      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:**

JONES, BRET  
700 ALMOND STREET  
CLERMONT, FL FL US

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

KEIBER, MICHAEL L  
2141 LAKEVIEW DRIVE  
SEBRING, FL 33870 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: MICHAEL L KEIBER

05/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KEIBER, SCOTT F  
Address: 2048 SAILBOROUGH COURT  
City-St-Zip: WINTER GARDEN, FL 34787 US

**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: SCOTT F. KEIBER

MGRM

05/15/2008

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