

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000012765

**Entity Name:** CLERMONT MEDICAL, LLC

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2048 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

2048 SAILBOROUGH COURT  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 20-4249133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

KEIBER, MICHAEL L  
129 SOUTH COMMERCE AVENUE  
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

03/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** KEIBER, SCOTT F

**Address:** 2048 SAILBOROUGH COURT

**City-St-Zip:** WINTER GARDEN, FL 34787 US

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 Statutes.

SIGNATURE: SCOTT F. KEIBER

MGRM

03/24/2011

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