

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000022434

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA CLINICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

1206 LEXINGTON DRIVE  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

1206 LEXINGTON DRIVE  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 20-4439652      **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:**

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

W. BARTLETT SCOVILL, P.A.  
1605 MAIN STREET, SUITE 912  
SARASOTA, FL      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: BART SCOVILL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** JORDAN, DAWN  
**Address:** 1206 LEXINGTON DRIVE  
**City-St-Zip:** VENICE, FL 34292

**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: DAWN JORDAN

MGR

10/16/2007

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