

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000028607

**FILED**  
**Sep 24, 2010**  
**Secretary of State**

**Entity Name:** GULF COAST PROFESSIONAL INVESTORS/DEVELOPERS, LLC

**Current Principal Place of Business:**

1000 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

2202 STATE AVE  
SUITE 201  
PANAMA CITY, FL 32405

**Current Mailing Address:**

1000 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

2202 STATE AVE  
SUITE 201  
PANAMA CITY, FL 32405

**FEI Number:** 20-4574071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KHAN, SOHAIL  
118 COTTONWOOD CIRCLE  
LYNN HAVEN, FL 32444 US

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

ELZAWAHRY, KAMEL M.D.  
2202 STATE AVE  
SUITE 201  
PANAMA CITY, FL 32405 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: KAMEL ELZAWAHYR, M.D.

09/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELZAWAHRY, KAMEL M.D.  
Address: 2202 STATE AVE. SUITE 201  
City-St-Zip: PANAMA CITY, FL 32405

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: KAMEL ELZAWAHRY

MGMR

09/24/2010

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