

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000031696

FILED
Dec 05, 2007
Secretary of State

Entity Name: SOUTH LAKE MEDICAL ARTS CENTER, LLC

Current Principal Place of Business:

552 SOUTH HIGHWAY 27
SUITE A
MINNEOLA, FL 34715

New Principal Place of Business:

1230 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711

Current Mailing Address:

552 SOUTH HIGHWAY 27
SUITE A
MINNEOLA, FL 34715

New Mailing Address:

1230 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711

FEI Number: 20-4559123 **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:

SCHMID, JOHN
552 SOUTH HIGHWAY 27
SUITE A
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

SCHMID, JOHN
1320 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711 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: JOHN SCHMID

12/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SCHMID, JOHN
Address: 1230 OAKLEY SEAVER DRIVE
City-St-Zip: CLERMONT, FL 34711

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: JOHN SCHMID

MGRM

12/05/2007

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