

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000062757

Entity Name: EAST HILL CLINIC, LLC

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

1120 EAST AVERY STREET  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1221 EAST DESOTO STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1120 EAST AVERY STREET  
PENSACOLA, FL 32503

**New Mailing Address:**

1221 EAST DESOTO STREET  
PENSACOLA, FL 32501

FEI Number: 11-3783134      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:**

SANDERS, ABIGAIL K  
1108-C NORTH 12TH AVENUE  
PENSACOLA, FL 32503    US

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

SANDERS, ABIGAIL K  
1590 EAST TEXAR DRIVE  
PENSACOLA, FL 32503    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: ABIGAIL K. SANDERS

03/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: SANDERS, KEVIN B  
Address: 1120 EAST AVERY STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM    ( ) Delete  
Name: CONRAD, MICHAEL  
Address: 1120 EAST AVERY STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM    ( ) Delete  
Name: BEISSINGER, TINA  
Address: 1120 EAST AVERY STREET  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change ( ) Addition  
Name: SANDERS, KEVIN B  
Address: 1221 EAST DESOTO STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM    (X) Change ( ) Addition  
Name: CONRAD, MICHAEL  
Address: 1221 EAST DESOTO STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM    (X) Change ( ) Addition  
Name: BEISSINGER, TINA  
Address: 1221 EAST DESOTO STREET  
City-St-Zip: PENSACOLA, FL 32501

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: KEVIN B. SANDERS

MGRM

03/20/2008

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