

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000065794

**FILED**  
**Apr 27, 2014**  
**Secretary of State**

**Entity Name:** SOUTHEAST NEUROCRITICAL CARE ASSOCIATES LLC

**Current Principal Place of Business:**

SACRED HEART HOSPITAL  
SUITE 300  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

SACRED HEART HOSPITAL  
SUITE 300  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NEILL, TERRY SR  
SACRED HEART HOSPITAL  
SUITE 300  
PENSACOLA, FL 32504 US

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

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: TERRY NEILL, SR.

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: NEILL, TERRY SR  
Address: 9300 EMERALD COAST PKWY-LE CIEL #6774  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM  
Name: NEILL, TERRY JR  
Address: 2303 MALYSA PLACE  
City-St-Zip: PENSACOLA, FL 32504

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TERRY NEILL, JR.

MGRM

04/27/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date