

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000092129

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Entity Name:** CHILDREN'S HEALTH ASSOCIATES OF GATEWAY, LLC

**Current Principal Place of Business:**

5200 NORWOOD AVENUE, SUITE 18  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5200 NORWOOD AVENUE, SUITE 18  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-3110670      **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:**

HOLLOWES, BORDEN R ESQ.  
157 HAMPTON POINT DRIVE, SUITE 3  
ST. AUGUSTINE, FL 32092 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: BORDEN HOLLOWES

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASSI, JOHN M M.D.  
Address: 5200 NORWOOD AVENUE, SUITE 18  
City-St-Zip: JACKSONVILLE, FL 32208

**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: JOHN ASSI

MGR

10/10/2007

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