

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000098371

FILED
Oct 06, 2011
Secretary of State

Entity Name: SEACREST SURGICAL CENTER, LLC

Current Principal Place of Business:

2314 SEACREST BLVD. #102
#102
BOYNTON BEACH, FL 334356739

New Principal Place of Business:

Current Mailing Address:

2314 SEACREST BLVD. #102
#102
BOYNTON BEACH, FL 334356739

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:

STYPEREK-GROHMANN, K. EVA DR.
2314 SEACREST BLVD. #102
BOYNTON BEACH, FL 334356739 US

Name and Address of New Registered Agent:

STYPEREK GROHMANN, K. EVA DR.
2314 SEACREST BLVD. #102
BOYNTON BEACH, FL 334356739 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: K. EVA STYPEREK GROHMANN, M.D.

Electronic Signature of Registered Agent

10/06/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STYPEREK, JANINA DR.
Address: 2314 SEACREST BLVD. #102
City-St-Zip: BOYNTON BEACH, FL 334356739

Title: MGR
Name: STYPEREK GROHMANN, K. EVA DR.
Address: 2314 SEACREST BLVD. #102
City-St-Zip: BOYNTON BEACH, FL 334356739

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: K. EVA STYPEREK GROHMANN, M.D. MGR 10/06/2011

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