

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000009764

FILED
Nov 22, 2013
Secretary of State

Entity Name: WESTCOAST HOSPITALISTS, L.L.C.

Current Principal Place of Business:

1099 5TH AVE N
SUITE 341
ST. PETERSBURG, FL 33705

New Principal Place of Business:

1201 5TH AVE N
SUITE 410
ST. PETERSBURG, FL 33705

Current Mailing Address:

1099 5TH AVE N
SUITE 341
ST. PETERSBURG, FL 33705

New Mailing Address:

1201 5TH AVE N
SUITE 410
ST. PETERSBURG, FL 33705

FEI Number: 13-4354001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PROIETTO, ROBERT L
1099 5TH AVE N
SUITE 341
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

PROIETTO, ROBERT L
1201 5TH AVE N
SUITE 410
ST. PETERSBURG, FL 33705 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: ROBERT L PROIETTO

11/22/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CASADEVALLS, JUAN MD
Address: 3723 59TH AVE CIR E
City-St-Zip: ELLENTON, FL 34222

Title: MGRM
Name: PROIETTO, ROBERT L DO
Address: 4611 OVERLOOK DRIVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

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: ROBERT L PROIETTO

MGRM

11/22/2013

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