


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000013899			
1. Entity Name GLORIA E. MCNEIL MD, PL			
Principal Place of Business 7408 LAURELS PLACE PORT ST LUCIE, FL 34986 US		Mailing Address 7408 LAURELS PLACE PORT ST LUCIE, FL 34986 US	
2. Principal Place of Business - No P.O. Box # 2402 FRIST BLVD Suite, Apt. #, etc. SUITE 200		3. Mailing Address P.O. Box 3019 Suite, Apt. #, etc.	
City & State FT PIERCE, FL		City & State FT PIERCE, FL	
Zip 34950	Country USA	Zip 34948-3019	Country USA
4. FEI Number 20-0156460		Applied For Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEIL, GLORIA E 7408 LAURELS PLACE PORT ST LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gloria E McNeil</u> DATE <u>11.14.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNEIL, GLORIA E 7408 LAURELS PLACE PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138073983 11/19/08--01013--010 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Gloria E McNeil</u> DATE <u>11.14.08</u> (712) 462-6606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	