

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000026736

**FILED**  
**May 15, 2009**  
**Secretary of State**

**Entity Name:** CERTIFIED LEGAL NURSE CONSULTANTS OF TAMPA BAY, LLC

**Current Principal Place of Business:**

1006 6TH STREET SO.  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

9784 INDIAN KEY TRAIL  
SEMINOLE, FL 33776

**Current Mailing Address:**

1006 6TH STREET SO.  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

9784 INDIAN KEY TRAIL  
SEMINOLE, FL 33776

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

DREHSEN, SUSAN M  
1006 6TH STREET SO.  
ST. PETERSBURG, FL 33701 US

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

DREHSEN, SUSAN M  
9784 INDIAN KEY TRAIL  
SEMINOLE, FL 33776 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: SUSAN M. DREHSEN

05/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DUSZYNSKI, LORI D  
Address: 9209 SEMINOLE BLVD, #166  
City-St-Zip: SEMINOLE, FL 33772

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: LORI D. DUSZYNSKI

MGR

05/15/2009

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