

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000055370

FILED
Oct 07, 2013
Secretary of State

Entity Name: FIRST COAST INFECTIOUS DISEASE CONSULTANTS, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD., SOUTH
BLDG. 500, SUITE 504
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

2520 BUTTONWOOD DRIVE
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-0229265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOROSPE, WILLIAM C MD
3599 UNIVERSITY BLVD. S.
BLDG. 500, STE. 504
JACKSONVILLE, FL 32216 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: WILLIAM C. GOROSPE, MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WILLIAM C. GOROSPE, M.D.,PH.D., P.L.
Address: 2520 BUTTONWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR
Name: SEBASTIAN STANCIU, M.D., P.L.
Address: 2605 DALMATION LANE EAST
City-St-Zip: JACKSONVILLE, FL 32246

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: WILLIAM C. GOROSPE, MD

MGR

10/07/2013

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