

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000075760

FILED
Oct 28, 2008
Secretary of State

Entity Name: NORTH FLORIDA GASTROENTEROLOGY, LLC

Current Principal Place of Business:

2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 14-2004523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

QUADRI, AFFAN
2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL 32073 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: AFFAN QUADRI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUADRI, AFFAN
Address: 2045 PROFESSIONAL CENTER DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AFFAN QUADRI

MGRM

10/28/2008

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