2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# L07000078468

Entity Name: GULF INTERNAL MEDICINE, P.L.

Current Principal Place of Business:

13740 OFFICE PARK CT., STE. F
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13740 OFFICE PARK CT., STE. F
HUDSON, FL 34667

New Mailing Address:

FEI Number: 30-0434114 **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:

HERNANDEZ, KEVIN ESQ.
28059 US HIGHWAY 19 N., STE. 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

RELIANCE CONSULTING LLC
3105 W WATERS AVE
SUITE 105
TAMPA, FL 33614 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: AMOL NIRGUDKAR 10/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAMAME, NIDAL M.D.
Address: 13740 OFFICE PARK CT., STE. F
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAMAME, NIDAL
Address: 13740 OFFICE PARK CT., STE. F
City-St-Zip: HUDSON, FL 34667

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: NIDAL HAMAME MGRM 10/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date