

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107065

FILED
Feb 27, 2009
Secretary of State

Entity Name: MIDSTATE NEUROLOGY, LLC.

Current Principal Place of Business:

310 SE 29TH PL
100
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

310 SE 29TH PL
100
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-1307880 **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:

PATEL, KASHMIRA
3295 SE 53RD CT
OCALA, FL 34480 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: KASHMIRA PATEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PATEL, KASHMIRA
Address: 3295 SE 53RD CT
City-St-Zip: Ocala, FL 34480

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

Title: MGRM () Delete
Name: KATHIRIPILLAI, SUVETHA
Address: 3585 SW 24TH AVE RD
City-St-Zip: Ocala, FL 34474

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: KASHMIRA PATEL

PRES

02/27/2009

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