

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000108720

Entity Name: GYN NETWORK, LLC

FILED
Nov 03, 2009
Secretary of State

Current Principal Place of Business:

10006 CROSS CREEK BOULEVARD
TAMPA, FL 33647 US

New Principal Place of Business:

10006 CROSS CREEK BOULEVARD
449
TAMPA, FL 33647 US

Current Mailing Address:

10006 CROSS CREEK BOULEVARD
TAMPA, FL 33647 US

New Mailing Address:

10006 CROSS CREEK BOULEVARD
449
TAMPA, FL 33647 US

FEI Number: 26-1304942 FEI Number Applied For () FEI Number Not Applicable () 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:

MADANI, SHEADA
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 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: SHEADA MADANI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROUSH, NICHOLAS J
Address: 10006 CROSS CREEK BOULEVARD
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: STUDNISKI, JERAMY J
Address: 10006 CROSS CREEK BOULEVARD
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

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

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: NICHOLAS J. ROUSH

MGR

11/03/2009

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