

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000110321

**FILED**  
**Nov 05, 2012**  
**Secretary of State**

**Entity Name:** WOOLDRIDGE MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

1345 WEST BAY DRIVE  
SUITE 301  
LARGO, FL 33770

**New Principal Place of Business:**

430 ROSARY ROAD  
BELLEAIR, FL 33756

**Current Mailing Address:**

1345 WEST BAY DRIVE  
SUITE 301  
LARGO, FL 33770

**New Mailing Address:**

430 ROSARY ROAD  
BELLEAIR, FL 33756

**FEI Number:** 35-2319412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOLDRIDGE, ROBERT L  
9310 136TH WAY NORTH  
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

MOLES, STANLEY S  
430 ROSARY ROAD  
BELLEAIR, FL 33756 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: STANLEY S. MOLES

11/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOLES, STANLEY S  
Address: 430 ROSARY ROAD  
City-St-Zip: BELLEAIR, FL 33756

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: STANLEY S. MOLES

MGR

11/05/2012

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