

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113801

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** THE GALEN OBGYN GROUP, LLC

**Current Principal Place of Business:**

4101 NW 3RD COURT  
SUITE 10  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4101 NW 3RD COURT  
SUITE 10  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 26-1390278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KAREN, RUTHMAN  
4101 NW THIRD COURT  
SUITE 10  
PLANTATION, FL 33317 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:** KAREN RUTHMAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** MURRAY, BARRINGTON A MD  
**Address:** 4101 NW THIRD COURT, SUITE 10  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** MGR  
**Name:** RUTHMAN, KAREN E MD  
**Address:** 12350 NW 23 COURT  
**City-St-Zip:** PLANTATION, FL 33323

**Title:** MGR  
**Name:** RHYS, MURRAY S  
**Address:** 12350 NW 23 COURT  
**City-St-Zip:** PLANTATION, FL 33323

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** BARRINGTON MURRAY

MGR

10/01/2014

Electronic Signature of Authorized Person

Date