

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000004952

FILED
Oct 16, 2009
Secretary of State

Entity Name: FLORIDA HEALTHSPAN INSTITUTE, LLC

Current Principal Place of Business:

1118 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 32561

Current Mailing Address:

1118 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 32561

FEI Number: 51-0664551 **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:

SCHNIEDER, THOMAS R MD FACS
2520 N. YATES AVENUE
PENSACOLA, FL 32503 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: THOMAS R SCHNEIDER, MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNEIDER, THOMAS R MD,FACS
Address: 1118 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: SCHNEIDER, DALE G
Address: 2520 N. YATES AVENUE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHNEIDER, THOMAS R MD,FACS
Address: 1040 GULF BREEZE PARKWAY, SUITE 205
City-St-Zip: GULF BREEZE, FL 32561

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: DALE G SCHNEIDER

MGRM

10/16/2009

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