

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000019515

FILED  
Oct 21, 2009  
Secretary of State

Entity Name: NINTH AVENUE PROPERTY, LLC

## Current Principal Place of Business:

1717 NORTH "E" STREET, STE. 434  
PENACOLA, FL 32501

## New Principal Place of Business:

1717 NORTH E STREET  
SUITE 434  
PENACOLA, FL 32501

## Current Mailing Address:

1717 NORTH "E" STREET, STE. 434  
PENACOLA, FL 32501

## New Mailing Address:

1717 NORTH E STREET  
SUITE 434  
PENACOLA, FL 32501

FEI Number: 33-1204757      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:

RUBEY, ROBERT M.D.  
1717 NORTH "E" STREET, STE. 434  
PENACOLA, FL 32501      US

## Name and Address of New Registered Agent:

RUBEY, ROBERT M.D.  
1717 NORTH E STREET  
SUITE 434  
PENACOLA, FL 32501      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: TRESSA JAMES

10/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: RUBEY, ROBERT F MD  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Change (X) Addition  
Name: HODNETTE, FRANK B JR  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Change (X) Addition  
Name: CALUDA, MICHAEL J MD  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Change (X) Addition  
Name: TYSON, JOHN W MD  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Change (X) Addition  
Name: LORD, JEFFFEY MD  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

Title: D ( ) Change (X) Addition  
Name: FRIEDMAN, JEFFREY MD  
Address: 1717 NORTH E STREET SUITE 434  
City-St-Zip: PENSACOLA, FL 32501 US

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: TRESSA JAMES

D

10/21/2009

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