

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000026240

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Entity Name:** BOUTWELL MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

3185 BOUTWELL ROAD  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7240  
JUPITER, FL 334687240

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COHEN, GREGORY R  
712 U.S. HIGHWAY ONE  
STE 400  
NORTH PALM BEACH, FL 33408 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: GREGORY R. COHEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DORAN, FLORENCE  
Address: 136 THORNTON DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: GORIN, JEFF  
Address: 6047 UNGERER STREET  
City-St-Zip: JUPITER, FL 33458

Title: MGRM  
Name: PONCY, MORGAN  
Address: 18842 POINT DRIVE  
City-St-Zip: TEQUESTA, FL 33469

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: FLORENCE DORAN

MGRM

10/12/2011

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