

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000044559

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** DOCTOR CREDIT BUSINESS PRO, L.L.C.

**Current Principal Place of Business:**

7948 BAYMEADOWS WAY, SUITE 300  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7948 BAYMEADOWS WAY, SUITE 300  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 90-0523228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

CARLTON, EDWARD  
7948 BAYMEADOWS WAY, SUITE 300  
JACKSONVILLE, FL 32256      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: EDWARD CARLTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARLTON, EDWARD  
Address: 7948 BAYMEADOWS WAY, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

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: EDWARD CARLTON

MGR

01/21/2010

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