

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000067071

**FILED**  
**Feb 13, 2010**  
**Secretary of State**

**Entity Name:** DR. SCOTT C. HELZER, LLC

**Current Principal Place of Business:**

10021 LEAFWOOD DR.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

4628 CENTERVILLE ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

10021 LEAFWOOD DR.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

4628 CENTERVILLE ROAD  
TALLAHASSEE, FL 32309

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

HELZER, SCOTT C  
10021 LEAFWOOD DR.  
TALLAHASSEE, FL 32312      US

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

HELZER, SCOTT C  
4628 CENTERVILLE ROAD  
TALLAHASSEE, FL 32312      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: DR. SCOTT C. HELZER

02/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HELZER, SCOTT C  
Address: 4628 CENTERVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

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: DR. SCOTT C. HELZER

CEO

02/13/2010

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