

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000069577

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

**Entity Name:** MINIMALLY INVASIVE COLON AND RECTAL SURGERY OF SOUTH FLORIDA, PLLC

**Current Principal Place of Business:**

4800 LINTON BLVD.  
STE 502B  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LINTON BLVD.  
STE 502B  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

**FEI Number:** 26-3012756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 N. DALE MABRY HIGHWAY  
#110  
TAMPA, FL 33618 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:** THE LAW OFFICES OF NICK SPRADLIN, PLLC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BELIZON, AVRAHAM MD  
**Address:** 4800 LINTON BLVD. STE 502B  
**City-St-Zip:** DELRAY BEACH, FL 33448 US

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:** AVRAHAM BELIZON

DR

06/21/2010

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