

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000077210

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** HOLISTIC GYNECOLOGY OF THE TREASURE COAST, PLLC

**Current Principal Place of Business:**

2100 S. EAST OCEAN BLVD.  
SUITE 200B  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2659 SW OAKRIDGE ROAD  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 32-0275200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRECHBILL, MARK CPA  
215 SOUTH FEDERAL HIGHWAY, STE 100  
STUART, FL 34994 US

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

GORDON, PROCTOR CPA  
33 SW FLAGLER AVENUE  
STUART, FL 34994 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: GORDON PROCTOR

02/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HERON, MYLAINE  
Address: 2659 SW OAKRIDGE ROAD  
City-St-Zip: PALM CITY, FL 34990

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: MYLAINE HERON

MGR

02/01/2012

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