

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000077520

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** JOSEPH E. O'LEAR, M.D., PLLC

**Current Principal Place of Business:**

1901 FOGARTY AVENUE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

1901 FOGARTY AVENUE  
KEY WEST, FL 33040 US

**New Mailing Address:**

FEI Number: 26-3324158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOSEPH E. O'LEAR  
1631 LAIRD STREET  
KEY WEST, FL 33040 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: JOSEPH E. O'LEAR, M.D.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: O'LEAR, JOSEPH E  
Address: 1901 FOGARTY AVENUE  
City-St-Zip: KEY WEST, FL 33040 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: JOSEPH E. O'LEAR, M.D.

MGRM

10/08/2013

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