

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000091137

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** DOLLAR MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

904 LEE BLVD SUITE 101  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

904 LEE BLVD SUITE 111  
LEHIGH ACRES, FL 33971 US

**Current Mailing Address:**

904 LEE BLVD SUITE 101  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

12446 PEBBLE STONE COURT  
FORT MYERS, FL 33913 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GILLIS, JACINTA  
904 LEE BLVD SUITE 101  
LEHIGH ACRES, FL 33971 US

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

GILLIS, JACINTA  
12446 PEBBLE STONE COURT  
FORT MYERS, FL 33913 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: JACINTA GILLIS M.D.

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GILLIS, JACINTA  
Address: 12446 PEBBLE STONE COURT  
City-St-Zip: FORT MYERS, FL 33913 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: JACINTA GILLIS M.D.

M.D.

01/12/2011

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