

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000003223

**FILED**  
**Aug 14, 2011**  
**Secretary of State**

**Entity Name:** NORTHWEST FLORIDA DIABETES CENTER, LLC

**Current Principal Place of Business:**

729 PRESTWICK DRIVE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

490 WHITMAN WAY  
FREEPORT, FL 32439 US

**Current Mailing Address:**

729 PRESTWICK DRIVE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

490 WHITMAN WAY  
FREEPORT, FL 32439 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MARTIN, ALICE  
729 PRESTWICK DRIVE  
NICEVILLE, FL 32578 US

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

MARTIN, ALICE  
490 WHITMAN WAY  
FREEPORT, FL 32439 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: ALICE DARLENE MARTIN

08/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTIN, ALICE  
Address: 490 WHITMAN WAY  
City-St-Zip: FREEPORT, FL 32439 US

Title: MGRM  
Name: FLETCHER, PATRICIA  
Address: 4850 AUNT MARYS LOOP  
City-St-Zip: CRESTVIEW, FL 32539 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: ALICE DARLENE MARTIN

MGRM

08/14/2011

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