

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000022850

FILED
Oct 16, 2013
Secretary of State

Entity Name: INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER PLLC

Current Principal Place of Business:

381 PALM COAST PARKWAY, SUITE 1804
PALM COAST, FL 32130

New Principal Place of Business:

381 PALM COAST PARKWAY, SUITE 4
PALM COAST, FL 32137

Current Mailing Address:

381 PALM COAST PARKWAY, SUITE 1804
PALM COAST, FL 32130

New Mailing Address:

381 PALM COAST PARKWAY, SUITE 4
PALM COAST, FL 32137

FEI Number: 26-4458744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TOLIA, BHARAT M MD
381 PALM COAST PARWAY, SUITE 4
PALM COAST, FL 32137 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: BHARAT M TOLIA, MD

10/16/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: TOLIA, BHARAT M M.D.

Address: 381 PALM COAST PARKWAY, SUITE 4

City-St-Zip: PALM COAST, FL 32137

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: BHARAT M TOLIA, MD

MGRM

10/16/2013

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