

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000047458

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN GERIATRIC MEDICINE, LLC

**Current Principal Place of Business:**

923 DEL PRADO BLVD S  
105  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

6503 PLANTATION PRESERVE CIRCLE NORTH  
FORT MYERS, FL 33966

**New Mailing Address:**

**FEI Number:** 27-1336550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REDDY, NALLU S  
923 DEL PRADO BLVD S  
105  
CAPE CORAL, FL 33990 US

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

REDDY, NALLU S  
6503 PLANTATION PRESERVE CIRCLE NORTH  
FORT MYERS, FL 33966 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: NALLU S. REDDY

10/09/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REDDY, NALLU S  
Address: 6503 PLANTATION PRESERVE CIRCLE NORTH  
City-St-Zip: FORT MYERS, FL 33966

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: NALLU S. REDDY

MGR

10/09/2013

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