

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000053903

Entity Name: SOLANKI CARDIOLOGY LLC

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10435 SE 170TH PL.  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

1015 SE 17TH ST.  
STE 200  
OCALA, FL 34471 US

**Current Mailing Address:**

4934 SW 1ST AVE  
OCALA, FL 34471

**New Mailing Address:**

1015 SE 17TH ST.  
STE 200  
OCALA, FL 34471 US

FEI Number: 80-0418847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLANKI, KALPESH H  
4934 SW 1ST AVE  
OCALA, FL 34471 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: KALPESH H. SOLANKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: SOLANKI, KALPESH H  
Address: 1015 SE 17TH ST., STE 200  
City-St-Zip: OCALA, FL 34471 US

Title: MGR  
Name: JOHNSON, CATHLEEN D  
Address: 1015 SE 17TH ST STE 200  
City-St-Zip: OCALA, FL 34471 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: CATHLEEN JOHNSON

MGR

10/07/2010

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