

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000066468

**FILED**  
**Oct 22, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL RHEUMATOLOGIST LLC

**Current Principal Place of Business:**

6800 N DALE MABRY HWY  
242  
TAMPA, FL 33614

**New Principal Place of Business:**

8322 N. HABANA AVE  
TAMPA, FL 33614

**Current Mailing Address:**

6800 N DALE MABRY HWY  
242  
TAMPA, FL 33614

**New Mailing Address:**

8322 N. HABANA AVE  
TAMPA, FL 33614

**FEI Number:** 27-0517025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAY, CHARLES L DR  
6800 N DALE MABRY HWY  
242  
TAMPA, FL 33614 US

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

CLAY, CHARLES L DR  
8322 N. HABANA AVE  
TAMPA, FL 33614 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: CHARLES L. CLAY

10/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CLAY, CHARLES L DR  
Address: 8322 N. HABANA AVE  
City-St-Zip: TAMPA, FL 33614

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: CHARLES L. CLAY

MGRM

10/22/2012

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