

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000068583

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA MEDICAL ENTERPRISE, LLC

**Current Principal Place of Business:**

197 ROSELLE COURT  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

197 ROSELLE COURT  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

4235 KINGS HIGHWAY  
UNIT 102  
PORT CHARLOTTE, FL 33980

**FEI Number:** 27-0619848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIL, RAMON A  
197 ROSELLE COURT  
PORT CHARLOTTE, FL 33952 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: RAMON A GIL MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GIL, RAMON A  
Address: 197 ROSELLE COURT  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: RAMON A GIL MD

MGR

11/05/2010

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