

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000085347

FILED
Dec 21, 2010
Secretary of State

Entity Name: COASTAL MEDICAL BUILDINGS, LLC

Current Principal Place of Business:

1559 BELMONT TRACE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

W287 N6236 BLACK HAWK DRIVE
HARTLAND, WI 53029 US

Current Mailing Address:

1559 BELMONT TRACE
TALLAHASSEE, FL 32301 US

New Mailing Address:

W287 N6236 BLACK HAWK DRIVE
HARTLAND, WI 53029 US

FEI Number: 27-0867453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DRIVE
SUITE 4
WESTON, FL 33331 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: LORI STUHLMAN, ASSISTANT SECRETARY

12/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BOWEN, CHRISTOPHER M
Address: W287 N6236 BLACK HAWK DRIVE
City-St-Zip: HARTLAND, WI 53029 US

Title: MGRM
Name: REINICKE-BOWEN, KAREN I
Address: W287 N6236 BLACK HAWK DRIVE
City-St-Zip: HARTLAND, WI 53029 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: CHRISTOPHER M. BOWEN

MGRM

12/21/2010

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