

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090422

**FILED**  
**Oct 12, 2010**  
**Secretary of State**

**Entity Name:** FLAGLER MEDICAL BUILDING LLC

**Current Principal Place of Business:**

2801 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

2801 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401

**FEI Number:** 27-0964407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARK, TIMOTHY MD  
2801 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407 US

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

MARK, TIMOTHY MD  
1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401 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: TIMOTHY MARK

10/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RATTINGER, MARK MD  
Address: 1552 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARK RATTINGER

MGRM

10/12/2010

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