

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000005403

FILED
Feb 21, 2013
Secretary of State

Entity Name: PORT ORANGE GYNECOLOGY, LLC

Current Principal Place of Business:

4 OCEANS WEST BLVD
604 B
DAYTONA BEACH, FL 32118

New Principal Place of Business:

900 N. SWALLOWTAIL DRIVE
ST 102B
PORT ORANGE, FL 32129

Current Mailing Address:

P.O. BOX 291078
PORT ORANGE, FL 32129

New Mailing Address:

900 N. SWALLOWTAIL DRIVE
ST 102B
PORT ORANGE, FL 32129

FEI Number: 27-1697726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOUST, PAULA M MD
4 OCEANS WEST BLVD
604 B
DAYTONA BEACH, FL 32118 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: PAULA M. FOUST M.D.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FOUST, PAULA M MD
Address: 4 OCEANS WEST BLVD, 604 B
City-St-Zip: DAYTONA BEACH, FL 32118

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: PAULA M FOUST

MD

02/21/2013

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