

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 30, 2011  
Secretary of State**

DOCUMENT# L10000011439

**Entity Name:** TANGENT ENTERPRISES, LLC

**Current Principal Place of Business:**

2157 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1726 MEDICAL BLVD  
SUITE 101  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 01-0811700      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INTEGRATED PHYSICIAN SERVICES, LLC  
1726 MEDICAL BLVD  
SUITE 101  
NAPLES, FL 34110 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: MICHAEL DENT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** INTEGRATED PHYSICIAN SERVICES  
**Address:** 1726 MEDICAL BLVD  
**City-St-Zip:** NAPLES, FL 34110

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: MICHAEL DENT

MR.

09/30/2011

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