

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000060967

**FILED**  
**Oct 02, 2011**  
**Secretary of State**

**Entity Name:** HIGH POINT MEDICAL LLC

**Current Principal Place of Business:**

611 DRUID ROAD  
SUITE 703  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

611 DRUID ROAD  
SUITE 703  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 27-2969698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, JOSEPH A  
611 DRUID ROAD  
SUITE 703  
CLEARWATER,, FL 33756 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:** JOSEPH A THOMPSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** THOMPSON, JOSEPH A  
**Address:** 14130 ROSEMARY LANE APT 3304  
**City-St-Zip:** LARGO, FL 33774

**Title:** MGRM  
**Name:** BROWN, ROBERT G  
**Address:** 635 COURT STREET  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** MGRM  
**Name:** KILGORE, WILLIAM K  
**Address:** 635 COURT STREET  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** MGRM  
**Name:** PAPADIMITRIOU, PETER M  
**Address:** 635 COURT STREET  
**City-St-Zip:** CLEARWATER, FL 33756

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:** JOSEPH A THOMPSON

MGR

10/02/2011

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