

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000096179

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** TRI-COUNTY ACCIDENT CLINIC, LLC

**Current Principal Place of Business:**

1747 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1747 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**New Mailing Address:**

5330 SW 186 AVE  
SOUTHWEST RANCHES, FL 33332 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROTHERS, ANTHONY DC  
1747 NORTH UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

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

CROTHERS, ANTHONY DC  
5330 SW 186 AVE  
SOUTHWEST RANCHES, FL 33332 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: ANTHONY CROTHERS

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CROTHERS, ANTHONY DC  
Address: 5330 SW 186 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332 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: ANTHONY CROTHERS

MGRM

01/20/2012

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