

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000117236

FILED
Oct 28, 2011
Secretary of State

Entity Name: SANTA MONICA CLINICS, LLC

Current Principal Place of Business:

2901 WEST SAINT ISABEL STREET
A1
TAMPA, FL 33607 US

New Principal Place of Business:

2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 US

Current Mailing Address:

2901 WEST SAINT ISABEL STREET
A1
TAMPA, FL 33607 US

New Mailing Address:

2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 US

FEI Number: 27-4110650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, NICOLE
2901 WEST SAINT ISABEL STREET
A1
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

BRUCE, NICOLE
2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 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: NICOLE BRUCE

10/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCCLAIN, RAND
Address: 2901 WEST SAINT ISABEL STREET, SUITE E
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM
Name: BRUCE, NICOLE
Address: 2901 WEST SAINT ISABEL STREET, SUITE E
City-St-Zip: TAMPA, FL 33607 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: NICOLE BRUCE

MGRM

10/28/2011

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