

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000021121

FILED
Oct 10, 2014
Secretary of State

Entity Name: INTERNAL MEDICINE ASSOCIATES OF OCALA, LLC

Current Principal Place of Business:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

1623 SW 1ST AVENUE
OCALA, FL 34471 UN

Current Mailing Address:

1623 SW 1ST AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-3286180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDY, KUCHAKULLA N
1623 SW 1ST AVENUE
OCALA, FL 34471 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: KUCHAKULLA REDDY

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: REDDY, KUCHAKULLA N MD
Address: 1623 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: KUCHAKULLA REDDY

MGRM

10/10/2014

Electronic Signature of Authorized Person

Date