

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000062509

**FILED**  
**Jan 15, 2014**  
**Secretary of State**

**Entity Name:** MEDICAL SPECIALTIES GROUP, LLC

**Current Principal Place of Business:**

20 OLD MILLER PLACE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

997 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

20 OLD MILLER PLACE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

997 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

FEI Number: 45-5249122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

LEVITAN, JOHN D SR  
997 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502 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: JDL SR

01/15/2014

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: DILLARD, JAMES W  
Address: 20 OLD MILLER PLACE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: LEVITAN, JOHN D SR  
Address: 997 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: COVER, ALEXANDER L III  
Address: 997 SOUTH PALAFOX  
City-St-Zip: PENSACOLA, FL 32502

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: JDL SR

MGRM

01/15/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date