

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000082873

**FILED**  
**Oct 03, 2013**  
**Secretary of State**

**Entity Name:** THE OCALA BIRTH CENTER LLC

**Current Principal Place of Business:**

5455 SE MARICAMP ROAD  
OCALA, FL 34480

**New Principal Place of Business:**

5455 SE MARICAMP ROAD  
OCALA, FL 34480 UN

**Current Mailing Address:**

5455 SE MARICAMP ROAD  
OCALA, FL 34480

**New Mailing Address:**

5455 SE MARICAMP ROAD  
OCALA, FL 34480 UN

**FEI Number:** 45-5603862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYNOLDS, AMY  
5381 NE 20TH AVENUE  
OCALA, FL 34479 US

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

REYNOLDS, AMY  
5455 SE MARICAMP ROAD  
OCALA, FL 34480 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: AMY REYNOLDS

10/03/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMY REYNOLDS LM, CPM  
Address: 5381 NE 20TH AVENUE  
City-St-Zip: OCALA, FL 34479

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: AMY REYNOLDS

MGRM

10/03/2013

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