

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000128593

**Entity Name:** SUN STATE HOSPITALISTS, LLC

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2747 VIA CAPRI  
1119  
CLEARWATER, FL 33764 US

**Current Mailing Address:**

2747 VIA CAPRI  
1119  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

100 OAKMONT STREET  
104  
BELLEAIR, FL 33756 US

**New Mailing Address:**

100 OAKMONT STREET  
104  
BELLEAIR, FL 33756 US

**FEI Number:** 46-1143772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYAT, MUHAMMAD S  
2747 VIA CAPRI  
1119  
CLEARWATER, FL 33764 US

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

HAYAT, MUHAMMAD S  
100 OAKMONT LANE  
104  
BELLEAIR, FL 33756 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: MUHAMMAD S HAYAT

10/21/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAYAT, MUHAMMAD S  
Address: 100 OAKMONT LANE; 104  
City-St-Zip: BELLEAIR, FL 33756 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: MUHAMMAD S HAYAT

MGRM

10/21/2013

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