

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000129013

**FILED**  
**Mar 26, 2014**  
**Secretary of State**

**Entity Name:** MOULTRIE MEDICAL IMPROVEMENT LLC

**Current Principal Place of Business:**

2460 OLD MOULTRIE ROAD  
SUITE 3  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

2460 OLD MOULTRIE ROAD  
SUITE 3  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 46-1157412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL & EDWARDS PA  
3791 A1A SOUTH  
SUITE B  
ST AUGUSTINE, FL 32080 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: CHARLES HALL

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGMR  
Name: SADOWSKI, GEORGE E  
Address: 2460 OLD MOULTRIE ROAD # 3  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR  
Name: SADOWSKI, DENISE  
Address: 2460 OLD MOULTRIE ROAD #3  
City-St-Zip: ST AUGUSTINE, FL 32086

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: GEORGE E SADOWSKI

MGMR

03/26/2014

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

\_\_\_\_\_  
Date