

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000115995

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Entity Name:** DR. BRIAN D. GIBSON AND DR. VICKI NOWAK EAR, NOSE AND THROAT, LLC

**Current Principal Place of Business:**

304 WEST 23RD STREET  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

304 WEST 23RD STREET  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NOWAK, VICKI M.D.  
304 WEST 23RD STREET  
PANAMA CITY, FL 32405 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: VICKI NOWAK

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: GIBSON, BRIAN D M.D.  
Address: 304 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR  
Name: NOWAK, VICKI M.D.  
Address: 304 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

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: BRIAN GIBSON

MD

10/14/2014

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

\_\_\_\_\_  
Date