

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000126140

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Entity Name:** CENTERTON MEDICAL ASSOCIATES PL

**Current Principal Place of Business:**

2132 FLAMEFLOWER CT  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

2132 FLAMEFLOWER CT  
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 46-3650789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEDLOCK, BRYCE  
2132 FLAMEFLOWER CT  
TRINITY, FL 34655 US

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

SHEDLOCK, BRYCE B  
2132 FLAMEFLOWER CT  
TRINITY, FL 34655 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: BRYCE B SHEDLOCK

10/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: SHEDLOCK, BRYCE B  
Address: 2132 FLAMEFLOWER CT  
City-St-Zip: TRINITY, FL 34655 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BRYCE B SHEDLOCK

DR

10/04/2014

Electronic Signature of Authorized Person

Date