

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000156865

**FILED**  
**Oct 17, 2014**  
**Secretary of State**

**Entity Name:** MEDICUS PHYSICIAN SOLUTIONS LLC

**Current Principal Place of Business:**

999 VANDERBILT BEACH ROAD  
STE 200  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

999 VANDERBILT BEACH ROAD  
STE 200  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 46-4899644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAIORINO, THOMAS  
999 VANDERBILT BEACH ROAD  
SUITE 200  
NAPLES, FL 34108 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: THOMAS MAIORINO, ESQ

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: AMBR  
Name: MCDONALD, FRANCES  
Address: 999 VANDERBILT BEACH ROAD STE 200  
City-St-Zip: NAPLES, FL 34108

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: FRANCES MCDONALD

AMBR

10/17/2014

Electronic Signature of Authorized Person

Date