

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008207

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Entity Name:** LITTLE FOREST MEDICAL CENTER, LLC

**Current Principal Place of Business:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 34-1120588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTTS, PATRICIA C  
950 GALLEON DRIVE  
NAPLES, FL 34102 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: PATRICIA C POTTS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HURL, SHARI  
Address: 60600 SIX PINES DR., #313  
City-St-Zip: WOODLANDS, TX 77380

Title: MGRM ( ) Delete  
Name: POTTS, PATRICIA A  
Address: 950 GALLEON DRIVE  
City-St-Zip: NAPLES, FL 33940

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICIA C POTTS

MRG

10/23/2007

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