

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000005862

Entity Name: DOC FT. MYERS, LLC

FILED  
Oct 09, 2006  
Secretary of State

**Current Principal Place of Business:**

1520 BROADWAY STREET, SUITE 104  
FT. MYERS, FL 33901

**New Principal Place of Business:**

1520 BROADWAY STREET  
SUITE 104  
FT. MYERS, FL 33901

**Current Mailing Address:**

1520 BROADWAY STREET, SUITE 104  
FT. MYERS, FL 33901

**New Mailing Address:**

1520 BROADWAY STREET  
SUITE 104  
FT. MYERS, FL 33901

FEI Number: 20-3180431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUGH, PHILLIP E  
2797 FIRST STREET, UNIT 1001  
FT. MYERS, FL 33916 US

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

HUGH, PHILLIP E  
2797 FIRST STREET  
UNIT 1001  
FT. MYERS, FL 33916 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: PHILLIP E. HUGH

10/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEVELOPMENT OPPORTUN, ITY CORPORATIO N  
Address: 1520 BROADWAY STREET, SUITE 104  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUGH, PHILLIP E  
Address: 1520 BROADWAY STREET, SUITE 104  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILLIP E. HUGH

MGR

10/09/2006

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