

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002389

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** CORY LAKE ISLES PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

17916 CACHET ISLE DR.  
TAMPA, FL 33647

**New Principal Place of Business:**

10335 CROSS CREEK BLVD.  
SUITE 28  
TAMPA, FL 33647

**Current Mailing Address:**

408 E RIDGEWOOD AVE  
ORLANDO, FL 32803

**New Mailing Address:**

20 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**FEI Number:** 20-4672521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMASON, EUGENE E  
17916 CACHET ISLE DR.  
TAMPA, FL 33647 US

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

WINTERS, MICHAEL  
3708 WEST SWANN AVENUE  
SUITE 101  
TAMPA, FL 33609 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: MICHAEL WINTERS

10/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WINTERS, MICHAEL  
Address: 3708 W. SWANN AVENUE, SUITE 101  
City-St-Zip: TAMPA, FL 33609

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 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: MICHAEL WINTERS

MGR

10/18/2011

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