# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 09, 2009**
**Secretary of State**

DOCUMENT# M07000006184

**Entity Name:** EAGLE HOSPITAL PHYSICIANS, L.L.C.

**Current Principal Place of Business:**

5901-C PEACHTREE DUNWOODY ROAD, STE. 350
ATLANTA, GA 30328

**New Principal Place of Business:**

5901-C PEACHTREE DUNWOODY ROAD
SUITE 350
ATLANTA, GA 30328

**Current Mailing Address:**

5901-C PEACHTREE DUNWOODY ROAD, STE. 350
ATLANTA, GA 30328

**New Mailing Address:**

5901-C PEACHTREE DUNWOODY ROAD
SUITE 350
ATLANTA, GA 30328

**FEI Number: 58-2426795** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: TERNELL KEARNEY

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: YOUNG, ROBERT W M.D.
Address: 5901-C PEACHTREE DUNWOODY ROAD, STE. 350
City-St-Zip: ATLANTA, GA 30328

**ADDITIONS/CHANGES:**

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: ANDREW H. PRUSSACK ATTY 10/09/2009

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