

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M09000001876

Entity Name: ECLINIC MD LLC

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

533 S HOWARD AVE STE 8/PMB 12  
TAMPA, FL 33606

**New Principal Place of Business:**

301 W. PLATT ST., #450  
TAMPA, FL 33606

**Current Mailing Address:**

533 S HOWARD AVE STE 8/PMB 12  
TAMPA, FL 33606

**New Mailing Address:**

301 W. PLATT ST., #450  
TAMPA, FL 33606

FEI Number: 27-0167811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORELLO, KRISTIN  
533 S HOWARD AVE STE 8/PMB 12  
TAMPA, FL 33606 US

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

PERKINS, MICHAEL K  
301 W. PLATT ST., #450  
TAMPA, FL 33606 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: M. KELLY PERKINS

11/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ECLINIC MD PARENT LLC  
Address: 301 W. PLATT ST., #450  
City-St-Zip: TAMPA, FL 33606

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: M. KELLY PERKINS

MGR

11/02/2010

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