

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000169659

**Entity Name:** MICHEL C. SAMSON, M.D., F.A.C.S., PLLC

**Current Principal Place of Business:**

3635 SOUTH CLYDE MORRIS BLVD., STE 400  
PORT ORANGE, FL 32129

**Current Mailing Address:**

3635 SOUTH CLYDE MORRIS BLVD., STE 400  
PORT ORANGE, FL 32129 US

**FEI Number:** 47-2218936

**Certificate of Status Desired:** Yes

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

MURPHY, SUSAN M  
149 S RIDGEWOOD AVENUE STE 700  
DAYTONA BEACH, FL 32114 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:** SUSAN M MURPHY

07/24/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	PRESIDENT
Name	MURPHY, SUSAN M	Name	SAMSON, MICHEL C DR.
Address	3635 SOUTH CLYDE MORRIS BLVD., STE 400	Address	3635 SOUTH CLYDE MORRIS BLVD., STE 400
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN M MURPHY

MANAGER

07/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date