

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008207

Entity Name: LITTLE FOREST MEDICAL CENTER, LLC

Current Principal Place of Business:

950 GALLEON DRIVE
NAPLES, FL 34102

Current Mailing Address:

950 GALLEON DRIVE
NAPLES, FL 34102

FEI Number: 34-1120588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, GREGORY J
780 5TH AVE. S
NAPLES, FL 34102 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: GREGORY J GIBSON

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name POTTS, PATRICIA C
Address 950 GALLEON DRIVE
City-State-Zip: NAPLES FL 34102

Title MGRM
Name TRACEY, SHARI
Address 10600 SIX PINES DR.
City-State-Zip: WOODLANDS TX 77380

Title MGR
Name GIBSON, GREGORY J
Address 780 5TH AVE #203
City-State-Zip: NAPLES FL 34102

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: GREGORY J GIBSON

MANAGER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date