

**2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 20, 2004  
Secretary of State**

DOCUMENT# L03000010812

Entity Name: ARTHUR BREGMAN, MD LLC

**Current Principal Place of Business:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 1140  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 1140  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 59-2180446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

BREGMAN, ARTHUR MD  
1320 SOUTH DIXIE HIGHWAY  
SUITE 1140  
CORAL GABLES, FL 33146 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BREGMAN, ARTHUR MD  
Address: 1320 SOUTH DIXIE HIGHWAY  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARTHUR BREGMAN

DR.

10/20/2004

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