2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000001307

Entity Name: PHOENIX MEDICAL PRACTICE MANAGEMENT, LLC

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

7720 U.S. HIGHWAY 98 WEST, STE 340 8723 ANCHORAGE DRIVE SANTA ROSA BEACH, FL 32550 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

7720 U.S. HIGHWAY 98 WEST, STE 340 8723 ANCHORAGE DRIVE SANTA ROSA BEACH, FL 32550 MIRAMAR BEACH, FL 32550

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

COFFIELD SACHS, P COLLEEN
1719 S COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 US
COFFIELD SACHS, COLLEEN
1719 S COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 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: COLLEEN COFFIELD SACHS 02/12/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition GREENWALD, E. LANCE GREENWALD, E. LANCE Name: Name: 7720 U.S. HIGHWAY 98 WEST Address: 8723 ANCHORAGE DRIVE Address: City-St-Zip: SANTA ROSA BEACH, FL 32550 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete Title: () Change () Addition Name: ATLAS, MICHELE Name:

 Name:
 ATLAS, MICHELE
 Name:

 Address:
 3224 BAY ESTATES DR
 Address:

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NIEHAUS, CONNIE
 Name:

 Address:
 3224 BAY ESTATES DR
 Address:

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 ARAGUEL, JANE
 Name:

 Address:
 PO BOX 335
 Address:

 City-St-Zip:
 DESTIN, FL 32540
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: E. LANCE GREENWALD MGR 02/12/2007