

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003985

**FILED
Apr 04, 2007
Secretary of State**

Entity Name: P.A.C. MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

489 HIALEAH DR, UNIT 5
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

489 HIALEAH DR, UNIT 5
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 54-2139878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HERNANDEZ-POMBO, JUAN JULIO M.D.
489 HIALEAH DR, UNIT 5
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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: HERNANDEZ-POMBO, JUAN JULIO, MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ-POMBO, JUAN JULIO M.D.
Address: 8402 NW 147TH TERR
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

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 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: HERNANDEZ POMBO, JUAN JULIO, MD

MRM

04/04/2007

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