

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003986

**FILED**  
**Sep 23, 2005**  
**Secretary of State**

**Entity Name:** POMCA MEDICAL INSTITUTE, L.L.C.

**Current Principal Place of Business:**

489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 54-2139876      **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:**

HERNANDEZ-POMBO, JUAN JULIO M.D.  
489 HIALEAH DR, UNIT 10  
HIALEAH, FL 33010 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: JUAN JULIO HERNANDEZ-POMBO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ-POMBO, JUAN JULIO M.D.  
Address: 489 HIALEAH DR, UNIT 10  
City-St-Zip: HIALEAH, FL 33010

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: JUAN JULIO HERNANDEZ-POMBO

MGRM

09/23/2005

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