

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2008 DEC 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12032008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000020842			
1. Entity Name PHILLIPS & MILLER, LLC			
Principal Place of Business 7000 SW 62ND AVE SUITE 350 MIAMI, FL 33143		Mailing Address 7000 SW 62ND AVE SUITE 350 MIAMI, FL 33143	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3225 Aviation Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 700	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
4. FEI Number 54-2129332		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Mitchell A. Yelen</u>		DATE <u>12.03.08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOYETT, ROBERT MD 3225 AVIATION AVENUE, 500 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR VITA MD Group Holding, LLC 3225 Aviation Avenue, Suite 700 Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138516327 12/05/08--01040--006 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Francisco J. Leon</u>		DATE: <u>12.3.08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>305-273-4641</u>	

REINSTATEMENT

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