

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000120114

FILED
Apr 23, 2007
Secretary of State

Entity Name: 1035 TOWN CENTER DRIVE, LLC

Current Principal Place of Business:

1061 MEDICAL CENTER DRIVE
SUITE 212
ORANGE CITY, FL 32763 US

New Principal Place of Business:

1035 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US

Current Mailing Address:

1061 MEDICAL CENTER DRIVE
SUITE 212
ORANGE CITY, FL 32763 US

New Mailing Address:

1035 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US

FEI Number: 20-3957536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSALES, JOSE J
1061 MEDICAL CENTER DRIVE
SUITE 212
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

ROSALES, JOSE J
1035 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 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: JOSE ROSALES

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSALES, JOSE J
Address: 1061 MEDICAL CENTER DRIVE, SUITE 212
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM () Delete
Name: ROSALES, ESTHER V
Address: 1061 MEDICAL CENTER DRIVE, SUITE 212
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSALES, JOSE J
Address: 1035 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM (X) Change () Addition
Name: ROSALES, ESTHER V
Address: 1035 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

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: ESTHER VINENT ROSALES

MGRM

04/23/2007

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