2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000006802

Current Principal Place of Business:

Entity Name: HUNTER'S CREEK URGENT CARE CENTER PLLC

FILED Sep 30, 2008 Secretary of State

3010 HUNTERS CREEK BOULEVARD ORLANDO, FL 32837		
Current Mailing Address:	New Mailing Address:	
6525 WEST CAMPUS OVAL SUITE 150 NEW ALBANY, OH 43054		
FEI Number: 20-8934176 FEI Number Applied For In accordance with s. 607.193(2)(b), F.S., the limited lia Name and Address of Current Registered Ag	ability company did not receive the prior notice.	Certificate of Status Desired () w Registered Agent:
AKIN, SHERRILLE D 600 N. SALISBURY AVENUE DELAND, FL 32720 US		
The above named entity submits this statement in the State of Florida.	for the purpose of changing its registered offi	ice or registered agent, or both
SIGNATURE: SHERRILLE D AKIN		
Electronic Signature of Registe	ered Agent	Date

New Principal Place of Business:

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

 Name:
 DIIULLO, NINO
 Name:

 Address:
 6525 WEST CAMPUS OVAL
 Address:

 City-St-Zip:
 NEW ALBANY, OH 43054
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NINO DI IULLO MGRM 09/30/2008