

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000087776

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** ENTERPRISE MEDICAL OFFICE, LLC

**Current Principal Place of Business:**

765 IMAGE WAY  
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

938 SAXON BLVD.  
SUITE D  
ORANGE CITY, FL 32763 US

**New Mailing Address:**

1887 LAKE MARKHAM PRESERVE TRAIL  
SANFORD, FL 32771

**FEI Number:** 26-1199442      **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:**

VICTOR, MELGEN M.D.  
938 SAXON BLVD.  
SUITE D  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

VICTOR, MELGEN M.D.  
1887 LAKE MARKHAM PRESERVE TRAIL  
SANFORD, FL 32771 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: VICTOR W. MELGEN MD

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MELGEN, VICTOR W M.D.  
Address: 1887 LAKE MARKHAM PRESERVE TRAIL  
City-St-Zip: SANFORD, FL 32771 US

Title: MGR  
Name: NAIR, SANTOSH M M.D.  
Address: 765 IMAGE WAY  
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby 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: VICTOR W. MELGEN MD

MGR

04/28/2010

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