

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000029850

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** HOSPITALIST SPECIALIST OF SOUTH FLORIDA, PLLC

**Current Principal Place of Business:**

601 NE 36TH STREET  
#2910  
MIAMI, FL 33137 US

**New Principal Place of Business:**

50 BISCAYNE BLVD  
# 2708  
MIAMI, FL 33132 US

**Current Mailing Address:**

601 NE 36TH STREET  
#2910  
MIAMI, FL 33137 US

**New Mailing Address:**

50 BISCAYNE BLVD  
# 2708  
MIAMI, FL 33132 US

FEI Number: 26-2255271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGHIGH, SOROUSH  
601 NE 36TH STREET  
#2910  
MIAMI, FL 33137 US

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

THE MEDILAW FIRM  
2100 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES, FL 33134 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: MAX A ADAMS

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AGHIGH, SOROUSH  
Address: 50 BISCAYNE BLVD STE 2708  
City-St-Zip: MIAMI, FL 33132 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: SOROUSH AGHIGH

MGRM

03/18/2011

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