2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 02, 2008
Secretary of State

DOCUMENT# M07000001665

Entity Name: PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE, 9TH FL
MIAMI, FL 33131

New Principal Place of Business:

4960 SW 72ND AVENUE
SUITE 406
MIAMI, FL 33155

Current Mailing Address:

1001 BRICKELL BAY DRIVE, 9TH FL
MIAMI, FL 33131

New Mailing Address:

4960 SW 72ND AVENUE
SUITE 406
MIAMI, FL 33155

FEI Number: 20-8662082 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: SHARON K. GRAY, ASSISTANT SECRETARY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAMPO, OTTO
Address: 4960 SW 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAMPO, OTTO
Address: 4960 SW 72ND AVENUE, SUITE 406
City-St-Zip: MIAMI, FL 33155

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: OTTO CAMPO MGR 10/02/2008

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