

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023079

FILED
Nov 09, 2004
Secretary of State

Entity Name: PHYSICIAN SERVICES AT CMC, LLC

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

1321 NW 14 STREET
SUITE 405
MIAMI, FL 33125

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

1321 NW 14 STREET
SUITE 405
MIAMI, FL 33125

FEI Number: **FEI Number Applied For (X)** **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:

FUENTES, MILTON
536 BILTMORE WAY
THE CUEVAS LAW GROUP, P.A.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FUENTES, MILTON
1101 BRICKELL AVENUE
SUITE 702 SOUTH
MIAMI, FL 33131 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: MILTON FUENTES

11/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FUENTES, MILTON
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUELLER, GEORGE
Address: 1321 NW 14 STREET
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILTON FUENTES

RA

11/09/2004

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