2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# L06000031315

Entity Name: PHYSICIANS SURGICAL GROUP, L.L.C.

Current Principal Place of Business:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 74-3171066 **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:

DORFMAN, DAVID
9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411 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: DAVID DORFMAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: DORFMAN, DAVID
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete
Name: LIVA, CAROL
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DAVID DORFMAN PRES 10/09/2007

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