

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000006044

FILED
Jan 17, 2006
Secretary of State

Entity Name: PHYSICAL MEDICINE GROUP, L.L.C.

Current Principal Place of Business:

806 N MAIN STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

1339 W. COLONIAL DR.
ORLANDO, FL 32804

Current Mailing Address:

806 N MAIN STREET
KISSIMMEE, FL 34744

New Mailing Address:

1339 W. COLONIAL DR
ORLANDO, FL 32804

FEI Number: 59-3710858 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MLADEN, ANTOLIC
806 N MAIN STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MLADEN, ANTOLIC
1339 W. COLONIAL DR.
ORLANDO, FL 32804 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: MLADEN ANTOLIC

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTOLIC, MLADEN
Address: 1456 SOUTH SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EVANS, KATRICE
Address: 1339 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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: KATRICE EVANS

MGR

01/17/2006

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