

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000006044

**FILED**  
**Oct 03, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

1339 W. COLONIAL DR.  
ORLANDO, FL 32804

**New Principal Place of Business:**

509 W. COLONIAL DR.  
ORLANDO, FL 32804

**Current Mailing Address:**

1339 W. COLONIAL DR  
ORLANDO, FL 32804

**New Mailing Address:**

509 W. COLONIAL DR.  
ORLANDO, FL 32804

**FEI Number:** 59-3710858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NATIONWIDE MUTUAL  
3536 EDGEWATER DR  
ORLANDO, FL 32804 US

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

ANTOLIC, MLADEN MD  
509 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

10/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR ( ) Delete  
Name: ANTOLIC, MLADEN  
Address: 1339 W. COLONIAL DR  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition  
Name: ANTOLIC, MLADEN  
Address: 509 W. COLONIAL DR  
City-St-Zip: ORLANDO, FL 32804

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: MLADEN ANTOLIC

MD

10/03/2008

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