2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015323

Entity Name: ESCALAR, L.L.C.

FILED Oct 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 RIVERSIDE DRIVE EAST 1720 MANATEE AVENUE EAST SUITE 2100 BRADENTON, FL 34208

BRADENTON, FL 34208

Current Mailing Address: New Mailing Address:

300 RIVERSIDE DRIVE EAST SUITE 2100 BRADENTON, FL 34208 1720 MANATEE AVENUE EAST BRADENTON, FL 34208

FEI Number: 65-1106052 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: Name and Address of New Registered Agent:

CALZADILLA, RAFAEL J M.D.

300 RIVERSIDE DRIVE EAST
SUITE 2100
BRADENTON, FL 34208 US

CALZADILLA, RAFAEL J M.D.
1720 MANATEE AVENUE EAST
BRADENTON, FL 34208 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: RAFAEL J. CALZADILLA, M.D. 10/28/2004

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

City-St-Zip:

BRADENTON, FL 34208

MANAGING MEMBERS/MEMBERS:

BRADENTON, FL 34208

City-St-Zip:

Title: MGR () Delete (X) Change () Addition ESTEVEZ, FRANCISCO A M.D. Name: Name: ESTEVEZ, FRANCISCO A M.D. 300 RIVERSIDE DRIVE EAST Address: 1720 MANATEE AVENUE EAST Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

(X) Change () Addition Title: MGR () Delete Title: CALZADILLA, RAFAEL J M.D. Name: CALZADILLA, RAFAEL J M.D. Name: Address: 300 RIVERSIDE DRIVE EAST Address: 1720 MANATEE AVENUE EAST City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

Title: MGR () Delete Title: MGR (X) Change () Addition Name: ARIAS, CARLOS I M.D. Name: ARIAS, CARLOS I M.D. Address: 300 RIVERSIDE DRIVE EAST Address: 1720 MANATEE AVENUE EAST

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: RAFAEL J. CALZADILLA, M.D. MGR 10/28/2004