

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000016198

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** JOHN YOUNG FAMILY MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5308 SOUTH JOHN YOUNG PARKWAY  
SUITE 200  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

5308 SOUTH JOHN YOUNG PARKWAY  
ORLANDO, FL 32839

**New Mailing Address:**

5308 SOUTH JOHN YOUNG PARKWAY  
SUITE#200  
ORLANDO, FL 32839

FEI Number: 01-0670885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALI, RAZA  
5308 SOUTH JOHN YOUNG PARKWAY STE 200  
SUITE 200  
ORLANDO, FL 32839 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: RAZA ALI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: ALI, RAZA  
Address: 5308 SOUTH JOHN YOUNG PARKWAY, STE 200  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM  
Name: KHAN, JASEEM  
Address: 5308 SOUTH JOHN YOUNG PARKWAY STE 200  
City-St-Zip: ORLANDO, FL 32839

I hereby 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: RAZA ALI

D

03/21/2010

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