2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L01000022750

Entity Name: EDWARD F. SAFILLE M.D. P.L.C.

Current Principal Place of Business:

4201 PALM AVENUE, 2ND FLOOR
SUITE 2D
HIALEAH, FL 33012

New Principal Place of Business:

4201 PALM AVENUE
SUITE A
HIALEAH, FL 33012

Current Mailing Address:

4201 PALM AVENUE, 2ND FLOOR
SUITE 2D
HIALEAH, FL 33012

New Mailing Address:

4201 PALM AVENUE
SUITE A
HIALEAH, FL 33012

FEI Number: 41-2041951 **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:

SAFILLE, LORI
4201 PALM AVENUE, SUITE 20
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SAFILLE, LORI
4201 PALM AVENUE, SUITE A
HIALEAH, FL 33012 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: LORI SAFILLE 01/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SAFILLE, LORI
Address: 4201 PALM AVENUE, SUITE 20
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SAFILLE, LORI
Address: 4201 PALM AVENUE, SUITE A
City-St-Zip: HIALEAH, FL 33012

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: LORI SAFILLE MGR 01/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date