

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000005678

FILED
Nov 04, 2004
Secretary of State

Entity Name: FLORIDA REFERRALS, LLC

Current Principal Place of Business:

25001 HARBORSIDE BLVD.
PUNTA GORDA, FL 33955 US

New Principal Place of Business:

Current Mailing Address:

25001 HARBORSIDE BLVD.
PUNTA GORDA, FL 33955 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KONSTANS, CONSTANTINE
2090 MATECUMBE KEY RD.
1101
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

LEVENDOFSKY, LISA J
25001 HARBORSIDE BLVD.
PUNTA GORDA, FL 33955 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: LISA J. LEVENDOFSKY

11/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEVENDOFSKY, LISA J
Address: 25001 HARBORSIDE BLVD.
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGRM (X) Delete
Name: KONSTANS, CONSTANTINE
Address: 25001 HARBORSIDE BLVD.
City-St-Zip: PUNAT GORDA, FL 33955 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA J. LEVENDOFSKY

MS

11/04/2004

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