

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000008680

FILED
Jan 27, 2009
Secretary of State

Entity Name: DOCTORS MARKETPLACE, LLC

Current Principal Place of Business:

2900 WEST CYPRESS CREEK ROAD
S3
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

11972 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

2900 WEST CYPRESS CREEK ROAD
S3
FORT LAUDERDALE, FL 33309

New Mailing Address:

11972 GLENMORE DRIVE
CORAL SPRINGS, FL 33071

FEI Number: 02-0603134 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:

MICHAELSON, EDWARD D DR
5601 NORTH DIXIE HIGHWAY, SUITE 404
FORT LAUDERDALE, FL 33344 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: EDWARD D. MICHAELSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHAELSON, EDWARD D
Address: 101 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: STATNER, MICHAEL S
Address: 11972 GLENMORE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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 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: MICHAEL S. STATNER

MGRM

01/27/2009

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