2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# L02000010149

Entity Name: WILSON FAMILY MEDICINE, LLC

Current Principal Place of Business:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 74-3041128 **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:

WILSON, LES D M.D.
2009 MICCOUSKEE ROAD
TALLAHASSEE, FL 32308 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: LES D. WILSON, MD

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	WILSON, LES D M.D.	
Address:	2009 MICCOSUKEE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	ERWIN-WILSON, VICKI M.D.	
Address:	2009 MICCOSUKEE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	

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: VICKI ERWIN-WILSON, MD DR. 03/11/2005

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