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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003-2004

DOCUMENT # L02000019024

1. Limited Liability Company's Name
OLD CUTLER PEDIATRICS, P.L.

2. Principal Office Address		3. Mailing Office Address	
7985 SW 136th Street		201 S. Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1700	
City & State Miami, FL		City & State Miami, FL	
Zip 33156	Country US	Zip 33131	Country US

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 07/26/2002
6. FEI Number: 73-1658836 — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent
Name: Miami Center Registered Agents, LLC
Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Boulevard
Suite, Apt. #, Etc.: Suite 1700
City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 02/06/2004

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM MGM	Dr. Thomas Morrison	7985 SW 136th Street	Miami, Florida 33156

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 2/06/2004 Daytime Phone#: 305-970-1042

Typed or printed name of signing Managing Member/Manager: Dr. Thomas Morrison

CR2E041 (10/02)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 11, 2004

OLD CUTLER PEDIATRICS, P.L.
7985 S.W. 136TH STREET
MIAMI, FL 33156

SUBJECT: OLD CUTLER PEDIATRICS, P.L.
REF: L02000019024

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You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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LIMITED LIABILITY REINSTATEMENT

OLD CUTLER PEDIATRICS, P.L.

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