

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000019024

FILED
Nov 22, 2005
Secretary of State

Entity Name: OLD CUTLER PEDIATRICS, P.L.

Current Principal Place of Business:

7985 S.W. 136TH STREET
MIAMI, FL 33156

New Principal Place of Business:

20555 OLD CUTLER ROAD
MIAMI, FL 33189

Current Mailing Address:

7985 S.W. 136TH STREET
MIAMI, FL 33156

New Mailing Address:

20555 OLD CUTLER ROAD
MIAMI, FL 33189

FEI Number: 73-1658836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131 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: THOMAS MORRISON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRISON, THOMAS DR
Address: 7985 S.W. 136TH STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRISON, THOMAS DR
Address: 20555 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33189

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: THOMAS MORRISON

MGRM

11/22/2005

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