

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000021542

FILED
Oct 24, 2006
Secretary of State

Entity Name: PHYSICIANS' ACCOUNTING & CONSULTING, LLC

Current Principal Place of Business:

60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

60 EDGEWATER DRIVE #16D
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-0663417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD.
#1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BLVD
302
CORAL GABLES, FL 33134 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: ROLAND SANCHEZ-MEDINA JR.

10/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: TR () Delete
Name: SANCHEZ-MEDINA, ROLANDO
Address: 60 EDGEWATER DRIVE #16D
City-St-Zip: CORAL GABLES, FL 33133

Title: VP () Delete
Name: SANCHEZ-MEDINA, GRISELA
Address: 60 EDGEWATER DRIVE #16D
City-St-Zip: CORAL GABLES, FL 33133

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 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: ROLAND SANCHEZ-MEDINA JR.

RA

10/24/2006

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