

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000021645

FILED
Jan 16, 2006
Secretary of State

Entity Name: METRO MEDICAL PROPERTIES, L.L.C.

Current Principal Place of Business:

4048 EVANS AVE., STE. 304
FT MYERS, FL 33901

New Principal Place of Business:

14271 METROPOLIS AVE
SUITE A
FT MYERS, FL 33912

Current Mailing Address:

4048 EVANS AVE., STE. 304
FT MYERS, FL 33901

New Mailing Address:

14271 METROPOLIS AVE.
SUITE A
FT MYERS, FL 33912

FEI Number: 02-0639112 **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:

Name and Address of New Registered Agent:

KNOTT, GEORGE H
1625 HENDRY ST., STE. 301
FT MYERS, FL 33901 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: GEORGE H. KNOTT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FREDERICK SCHAERF, M. .D., PH.D.
Address: 4048 EVANS AVE., STE. 304
City-St-Zip: FT MYERS, FL 33901

Title: MGRM (X) Change () Addition
Name: FREDERICK SCHAERF, M. .D., PH.D.
Address: 14271 METROPOLIS AVE
City-St-Zip: FT MYERS, FL 33912

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: FREDERICK W. SCHAERF, M.D., PH.D.

MGRM

01/16/2006

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