L02000021649

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100082142301
11/29/06--01049--020 **150.00

CR2E041 (8/05)

DOCUMENT # L02000021649

1. Limited Liability Company's Name
South Florida Physicians Network LLC
4000 Ponce de Leon Blvd, Suite 650
Coral Gables, FL. 33146

2. Principal Office Address		**3.** Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/22/2002

6. FEI Number: 32-0032195 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Perez, Martiniano J.
Street Address (P.O. Box Number is Not Acceptable): 4000 Ponce de Leon Blvd Suite 650
Suite, Apt. #, Etc.:
City: Coral Gables State: FL Zip Code: 33146

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] Date: 11-14-06
REGISTERED AGENT MUST SIGN

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
MGR	Perez, Martiniano J.	4000 Ponce de Leon Blvd # 650	Coral Gables, FL 33146
		REINSTATEMENT	2006

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: 11/14/06 Daytime Phone # 305-460-0614

Typed or printed name of signing Managing Member/Manager: [signature]