2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# L02000033041

Entity Name: PEDIATRIC URGENT CARE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

425 S HUNT CLUB BLVD
APOPKA, FL 32703

New Principal Place of Business:

425 S HUNT CLUB BLVD
STE. 1051
APOPKA, FL 32703

Current Mailing Address:

425 S HUNT CLUB BLVD
APOPKA, FL 32703

New Mailing Address:

425 S HUNT CLUB BLVD
STE. 1051
APOPKA, FL 32703

FEI Number: 03-0496546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LEFEVRE, KEITH H ESQ
157 E LAKE BRANTLEY DR
LONGWOOD, FL 32779 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CHABAN, CARLOS M.D.
Address: 425 S HUNT CLUB BLVD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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 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: CARLOS CHABAN, M.D. MGR 10/25/2004

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