02-14-06 11:38 From- T-431 P.02/04 F-304

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2006 FEB 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000008599

1. Entity Name
DOCTORCARE HOLDING, LLC

Principal Place of Business	Mailing Address
1330 CORAL WAY SUITE 200 MIAMI, FL 33145	1330 CORAL WAY SUITE 200 MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
3001 PONCE DE LEON BLVD.	3001 PONCE DE LEON BLVD.
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.: SUITE 101
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

02082006 REIN-LLC CR2E101 (11/05)

4. FEI Number: 13-4249483 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CURRIER, MARIA T 1111 BRICKELL AVENUE, SUITE 2500 C/O HUNTON & WILLIAMS MIAMI, FL 33131	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Maria Currier, Registered Agent 2/9/06
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, JOSE D 434 SW 12TH AVENUE, SUITE 202 MIAMI, FL 33130	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIEGUES, LAZARO C 3001 SOUTH MIAMI AVE., SUITE 905 MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA-ESTRADA, HERMINIO 2870 SW 27TH AVENUE, SUITE 808 MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(See attached) ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANO, RAUL I 3661 SOUTH MIAMI AVE, SUITE 704 MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITA, JULIO C JR 2550 SOUTH MIAMI AVE., SUITE 5000 MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, RAFAEL J 3191 CORAL WAY, 7TH FLOOR MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Esther Survivor-Cutter President and CEO 02/09/06 (305) 441-5855
Signature and typed or printed name of managing member, manager, or authorized representative — Date — Daytime Phone #

REINSTATEMENT 05-06

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TALLAHASSEE, FLORIDA

DOCTORCARE HOLDING, LLC
Managers

Julio C. Pita, MD
Raul I. Tano, MD
Lazaro Priegues, MD
Herminio Garcia-Estrada, MD
Eleonor Pimentel, MD
Mario Sabates, MD
Kenneth Rosenthal, MD
Juan Garces, MD
Peter Choy, MD
Leonardo Lopez, MD

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TALLAHASSEE, FLORIDA

Confirmation Report-Memory Send

Time : 02-10-06 10:32
Tel line 1 :
Tel line 2 :
Name :

Job number	:	290
Date	:	02-10 10:30
To	:	#16301500000019185020503B3
Document Pages	:	03
Start time	:	02-10 10:30
End time	:	02-10 10:32
Pages sent	:	03
Job number	:	290

*** SEND SUCCESSFUL ***

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Division of Corporations
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From:
Account Name : CUNTUS & WILLIAMS
Account Number : I20000000025E
Phone : (305)810-2542
Fax Number : (305)810-2460

LIMITED LIABILITY REINSTATEMENT

DOCTORCARE HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$299.00

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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HUNTON & WILLIAMS
Account Number : I20000000236
Phone : (305)810-2542
Fax Number : (305)810-2460

This reinstatement was faxed on 02/10/06 (see attached fax confirmation). Please record this reinstatement effective 02/10/06. Thank you! Nic Lecón

LIMITED LIABILITY REINSTATEMENT

DOCTORCARE HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$200.00

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