

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000012279

Entity Name: BLUE CROSS MEDICAL GROUP LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2097 WEST 76 STREET
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2097 WEST 76 STREET
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 56-2339569 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:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MADRUGA, HUMBERTO
2097 WEST 76 STREET
HIALEAH, FL 33016 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: HUMBERTO MADRUGA

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERNANDEZ, DAVEL
Address: 2097 WEST 76 STREET
City-St-Zip: HIALEAH, FL 33016

Title: MGR (X) Delete
Name: HERNANDEZ, DAVEL
Address: 2097 WEST 76 STREET
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MADRUGA, HUMBERTO
Address: 2097 WEST 76 STREET
City-St-Zip: HIALEAH, FL 33016 US

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: HUMBERTO MADRUGA

MGR

04/27/2006

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