

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000012989

FILED
Nov 01, 2007
Secretary of State

Entity Name: PHYSICIANS SMART OFFICE, L.L.C.

Current Principal Place of Business:

4505 S. OCEAN BLVD.
#808
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4505 S. OCEAN BLVD.
#808
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

FEI Number: 11-3684282 **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:

SHEEHY, FRANCES D
1367 LYONS ROAD
COCONUT CREEK, FL 33063 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: FRANCES D. SHEEHY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HESS, BRITA
Address: 4505 S. OCEAN BLVD., #808
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGRM () Delete
Name: KORNELUK, GREG N
Address: 5896 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRITA HESS

MGRM

11/01/2007

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