

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000016253

**FILED**  
**Nov 09, 2004**  
**Secretary of State**

**Entity Name:** MONTE CRIX PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1321 NW 14 STREET  
SUITE 405  
MIAMI, FL 33125

**Current Mailing Address:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Mailing Address:**

1321 NW 14 STREET  
SUITE 405  
MIAMI, FL 33125

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

FUENTES, MILTON  
536 BILTMORE WAY  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

FUENTES, MILTON  
1101 BRICKELL AVENUE  
SUITE 702 SOUTH  
MIAMI, FL 33131    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: MILTON FUENTES

11/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      FUENTES, MILTON  
Address:                      536 BILTMORE WAY  
City-St-Zip:                      CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title:                      MGRM                      (X) Change ( ) Addition  
Name:                      MUELLER, GEORGE  
Address:                      1321 NW 14 STREET, STE 405  
City-St-Zip:                      MIAMI, FL 33125

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: MILTON FUENTES

RA

11/09/2004

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