

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000020020

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

811 SW 10TH TERRACE  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

811 SW 10TH TERRACE  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

ROBERTS, NORMAN T  
50 WEST MASHTA DR., STE. 4  
KEY BISCAYNE, FL 33149 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: NORMAN T ROBERTS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRD ( ) Delete  
Name: ELLIOTT, MICHAEL S  
Address: 811 SW 10TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33315

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

Title: D ( ) Delete  
Name: LEIGH, HEIDI  
Address: 1250 S. MIAMI AVE., #2407  
City-St-Zip: MIAMI, FL 33130

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

Title: D ( ) Delete  
Name: ELLIOTT, BILLY BENJAMIN  
Address: 1250 S. MIAMI AVE., #2407  
City-St-Zip: MIAMI, FL 33130

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: MICHAEL S ELLIOTT

MGR

10/09/2007

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