2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2007
Secretary of State

DOCUMENT# L03000021149

Entity Name: CAPS MEDICAL MANAGEMENT, L.L.C.

Current Principal Place of Business:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 55-0836095 **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:

PEREZ-MESA, FRANCISCO J
1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: FRANCISCO PEREZ-MESA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	T	( ) Delete
Name:	PEREZ-MESA, FRANCISCO J	
Address:	1800 WEST HILLSBOROUGH BLVD, SUITE 205	
City-St-Zip:	DEERFIELD BEACH, FL 33442 US	
Title:	S	( ) Delete
Name:	SPEILLER, PAUL	
Address:	1800 WEST HILLSBOROUGH BLVD, SUITE 205	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	P	( ) Delete
Name:	CHEDIAK, NIDIA	
Address:	1800 WEST HILLSBOROUGH BLVD, SUITE 205	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	V	( ) Delete
Name:	ARRIEN, VICTOR	
Address:	1800 WEST HILLSBOROUGH BLVD, SUITE 205	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: FRANCISCO PEREZ-MES MGMR 10/11/2007

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