2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L03000030954

Entity Name: BRUCE W. MOSKOWITZ, M.D., P.L.

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE
NINTH FLOOR
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1411 NORTH FLAGLER DRIVE
NINTH FLOOR
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-0161351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MOSKOWITZ, BRUCE W M.D.
1411 NORTH FLAGLER DRIVE
NINTH FLOOR
WEST PALM BEACH, FL 33401 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: BRUCE W MOSKOWITZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MOSKOWITZ, BRUCE W M.D.
Address: 1411 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

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 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: BRUCE W MOSKOWITZ MGRM 04/28/2005

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