

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000035414

**FILED**  
**Nov 13, 2007**  
**Secretary of State**

**Entity Name:** PRIMARY CARE SPECIALISTS, LLC

**Current Principal Place of Business:**

3615 S ORANGE AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

3615 S ORANGE AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 20-0233620      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:**

COWAN, DAVID MD  
3615 S ORANGE AVENUE  
ORLANDO, FL 32806    US

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

COWAN, DAVID F MD  
3615 S ORANGE AVENUE  
ORLANDO, FL 32806    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: DAVID F. COWAN, M.D.

11/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP      ( ) Delete  
Name: COWAN, DAVID  
Address: 3615 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

Title: MGRP      (X) Change      ( ) Addition  
Name: COWAN, DAVID F  
Address: 3615 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32806

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: DAVID F. COWAN

M.D.

11/13/2007

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