

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000049814

FILED
Mar 08, 2005
Secretary of State

Entity Name: TRINITY DIAGNOSTIC & TREATMENT HEALTH CENTRE, LLC.

Current Principal Place of Business:

590 N. SEMORAN BLVD
900
ORLANDO, FL 32807

New Principal Place of Business:

250 WILSHIRE BLVD.
122
CASSELBERRY, FL 32707 US

Current Mailing Address:

590 N. SEMORAN BLVD
900
ORLANDO, FL 32807

New Mailing Address:

752 SHERWOOD TERRACE DR.
108
ORLANDO, FL 32818 US

FEI Number: 58-4447531 **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:

TIRADO, JOSE
590 N. SEMORAN BLVD
900
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

TIRADO, JOSE
752 SHERWOOD TERRACE DR.
108
ORLANDO, FL 32818 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: JOSE A. TIRADO

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TIRADO, JOSE
Address: 590 N. SEMORAN BLVD, SUITE 900
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TIRADO, JOSE
Address: 250 WILSHIRE BLVD. SUITE 122
City-St-Zip: CASSELBERRY, FL 32707 US

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: JOSE A. TIRADO

MGR

03/08/2005

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