2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 17, 2010
Secretary of State

DOCUMENT# L04000038000

Entity Name: FORGOTTEN COAST EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

430 BUCKHORN CRK RD.
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 99
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 20-3967344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, DAVID E
430 BUCKHORN CRK RD
430 BUCKHORN CRK RD
SOPCHOPPY, FL 32358 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: DAVID E PIERCE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR
Name: PIERCE, DAVID
Address: POST OFFICE BOX 99
City-St-Zip: SOPCHOPPY, FL 32358

I hereby 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 Statues.

SIGNATURE: DAVID E. PIERCE MNGR 11/17/2010

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