

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042554

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE PHYSICIANS ADVOCATE, LLC

Current Principal Place of Business:

900 RIVER REACH DR SUITE 521
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

5200 NW 33RD AVE
SUITE 207
FORT LAUDERDALE, FL 33309

Current Mailing Address:

900 RIVER REACH DR SUITE 521
FORT LAUDERDALE, FL 33315

New Mailing Address:

5200 NW 33RD AVE
SUITE 207
FORT LAUDERDALE, FL 33309

FEI Number: 57-1205720 **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:

PRESTERA, CHRISTOPHER
1707 COCONUT DRIVE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

PRESTERA, CHRISTOPHER
1339 SE 3RD AVE
POMPANO BEACH, FL 33060 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: CHRISTOPHER PRESTERA

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRESTERA, CHRISTOPHER
Address: 1707 COCONUT DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRESTERA, CHRISTOPHER
Address: 1339 SE 3RD AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: CHRISTOPHER PRESTERA

PRES

04/25/2007

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