

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000063565

FILED
May 23, 2008
Secretary of State

Entity Name: DOCTORS OF MANATEE, L.L.C.

Current Principal Place of Business:

1720 MANTEE AVENUE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

1720 MANTEE AVENUE EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 56-2479648 **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:

ESTEVEZ, FRANCISCO A
1720 MANTEE AVENUE EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

CONLEY, ROGER P
2401 MANATEE AVENUE WEST
BRADENTON, FL 34205 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: ROGER P. CONLEY

05/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESTEVEZ, FRANCISCO A
Address: 1720 MANTEE AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: MGR () Delete
Name: CALZADILLA, RAFAEL J
Address: 1720 MANTEE AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO A. ESTEVEZ

MGR

05/23/2008

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