

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000063762

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** POLK UNITED MEDICAL ASSOCIATION LLC

**Current Principal Place of Business:**

2239 NORTH BLVD. W  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

2239 NORTH BLVD. W  
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number:** 20-1776207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AM&E SERVICES LLC  
801 N. MAGNOLIA AVENUE, SUITE 201  
ORLANDO, FL 32802 US

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

MANUBENS, CLAUDIO  
2239 NORTH BLVD. WEST  
DAVENPORT, FL 33837 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: CLAUDIO MANUBENS

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANUBENS, CLAUDIO  
Address: 6235 SOUTH HAMPSHIRE COURT  
City-St-Zip: WINDERMERE, FL 34786 US

Title: SECT  
Name: GILL, MEENU  
Address: 295 PATTERSON ROAD, SUITE 101  
City-St-Zip: HAINES CITY, FL 33844 US

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 Statutes.

SIGNATURE: MEENU GILL

SECT

03/09/2010

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