

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069707

FILED
Jun 22, 2006
Secretary of State

Entity Name: AAN MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

2735 SW 35TH PL UNIT 2001
GAINESVILLE, FL 326083285

New Principal Place of Business:

12815 WATER POINT BLVD.,
WINDERMERE, FL 34786

Current Mailing Address:

2735 SW 35TH PL UNIT 2001
GAINESVILLE, FL 326083285

New Mailing Address:

12815 WATER POINT BLVD.,
WINDERMERE, FL 34786

FEI Number: 84-1659750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJU, PADDY
2735 SW 35TH PL UNIT 2001
GAINESVILLE, FL 326083285 US

Name and Address of New Registered Agent:

RAJU, PADDY
12815 WATER POINT BLVD.,
WINDERMERE, FL 34786 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: PADDY RAJU

06/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAJU, PADDY
Address: 2735 SW 35TH PL UNIT 2001
City-St-Zip: GAINESVILLE, FL 326083285

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAJU, PADDY
Address: 12815 WATER POINT BLVD.,
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Change (X) Addition
Name: RAJU, BHASKAR N
Address: 12815 WATER POINT BLVD.,
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: PADDY RAJU

MGR

06/22/2006

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