

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000085578

1. Entity Name
PHYSICIANS PROFIT MEDICAL MANAGEMENT
SERVICES, LLC



FILED

06 MAR -6 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~528 TERRACE VIEW APT. 310~~
~~ALTAMONTE SPRINGS, FL 32714~~

Mailing Address
~~528 TERRACE VIEW APT. 310~~
~~ALTAMONTE SPRINGS, FL 32714~~

2. Principal Place of Business
400 New York Ave #100
Suite, Apt. #, etc. *#100*

3. Mailing Address
400 New York Ave #100
Suite, Apt. #, etc. *#100*

City & State
Winter Park, FL

Zip
32789 Country *USA*



03062006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
SASTOQUE-IBARRA, MARIA
~~528 TERRACE VIEW APT. 310~~
~~ALTAMONTE SPRINGS, FL 32714~~
400 New York Ave #100
Winter Park, FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent is not required if applicable. (Note: Registered agent signature required when reinstating)

3/6/06

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SASTOQUE-IBARRA, MARIA 528 TERRACE VIEW APT. 310 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/6/06
407-699-2421