2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# L04000088229

Entity Name: PRIME CARE OF TAMPA BAY P.L.

Current Principal Place of Business:

819 CYPRESS VILLAGE BLVD
RUSKIN, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5506
SUN CITY CENTER, FL 33571 US

New Mailing Address:

FEI Number: 20-1973762 **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:

BUENO, JOCELYN
819 CYPRESS VILLAGE BLVD
RUSKIN, FL 33573 US

Name and Address of New Registered Agent:

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: JOCELYN BUENO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOCELYN BUENO MD PA
Address: 819 CYPRESS VILLAGE BLVD
City-St-Zip: RUSKIN, FL 33573 US

Title: MGRM ( ) Delete
Name: CECIL B SUE-WAH-SING MD PA
Address: 819 CYPRESS VILLAGE BLVD
City-St-Zip: RUSKIN, FL 33573 US

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: JOCELYN BUENO MGRM 10/09/2009

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