

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091448

FILED
Oct 11, 2005
Secretary of State

Entity Name: MBF HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

C/O MARTIN G. BURKETT, ESQ
ONE S.E. 3RD AVENUE 28TH FL
MIAMI, FL 33131

New Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

C/O MARTIN G. BURKETT, ESQ
ONE S.E. 3RD AVENUE 28TH FL
MIAMI, FL 33131

New Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 20-2223109 **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:

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE 27TH FL
MIAMI, FL 33131 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: ROSA WONG, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: FERNANDEZ, MICHAEL B
Address: 121 ALHAMBRA PLAZA, SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL B. FERNANDEZ

MGR

10/11/2005

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