

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000009271

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** BMJ PARTNERS OF SANFORD, LLC

**Current Principal Place of Business:**

160 INTERNATIONAL PARKWAY  
SUITE 140  
HEATHROW, FL 32746

**New Principal Place of Business:**

751 CORNWALL ROAD  
SANFORD, FL 32773

**Current Mailing Address:**

160 INTERNATIONAL PARKWAY  
SUITE 140  
HEATHROW, FL 32746

**New Mailing Address:**

751 CORNWALL ROAD  
SANFORD, FL 32773

**FEI Number:** 20-2236883      **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:**

LOWMAN, WILLIAM R JR, ESQ  
1000 LEGION PLACE SUITE 1700  
ORLANDO, FL 32801 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: WILLIAM R. LOWMAN, JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MCCLANDON, JOEANN  
Address: 751 CORNWALL ROAD  
City-St-Zip: SANFORD, FL 32773

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: JOEANN MCCLANDON

MGR

04/16/2007

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