

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000031367

FILED  
Sep 21, 2007  
Secretary of State

Entity Name: MEDIGROUP LLC

## Current Principal Place of Business:

2600 DOUGLAS RD  
SUITE 400  
CORAL GABLES, FL 33134

## New Principal Place of Business:

3401 NW 82 AVE  
SUITE 350  
DORAL, FL 33122

## Current Mailing Address:

2600 DOUGLAS RD  
SUITE 400  
CORAL GABLES, FL 33134

## New Mailing Address:

3401 NW 82 AVE  
SUITE 350  
DORAL, FL 33122

FEI Number: 30-0306576      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:

MARTINEZ, ROBERTO E  
2600 DOUGLAS RD  
SUITE 400  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CRUZ, CONSUELO P  
3401 NW 82 AVE  
SUITE 350  
DORAL, FL 33122 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: CONSUELO P CRUZ

09/21/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VALVERDE, FERNANDO J MD  
Address: 2600 DOUGLAS RD #400  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: MARTINEZ, ROBERTO E  
Address: 2600 DOUGLAS RD # 400  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: ARMAS, JOSE  
Address: 2600 DOUGLAS RD #400  
City-St-Zip: CORAL GABLES, FL 33145

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VALVERDE, FERNANDO J MD  
Address: 3401 NW 82 AVE SUITE 350  
City-St-Zip: DORAL, FL 33122

Title: CFO (X) Change ( ) Addition  
Name: CRUZ, CONSUELO P  
Address: 3401 NW 82 AVE SUITE 350  
City-St-Zip: DORAL, FL 33122

Title: D (X) Change ( ) Addition  
Name: ARMAS, JOSE MD  
Address: 3401 NW 82 AVE SUITE 350  
City-St-Zip: DORAL, FL 33122

Title: CEO ( ) Change (X) Addition  
Name: CONNOLLY, KAREN RN  
Address: 3401 NW 82 AVE SUITE 350  
City-St-Zip: DORAL, FL 33122

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: CONSUELO P CRUZ

CFO

09/21/2007

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