

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000043240

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** PRIMARY CARE ASSOCIATES OF SOUTH BEACH, LLC

**Current Principal Place of Business:**

1450 MERIDIAN AVE.  
#10  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1450 MERIDIAN AVE.  
#10  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 30-0375389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FREEMAN, EDWARD M  
1450 MERIDIAN AVE.  
UNIT 10  
MIAMI BEACH, FL 33139 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:** EDWARD M FREEMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FREEMAN, EDWARD M  
**Address:** 1450 MERIDIAN AVE., UNIT 10  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** MGRM  
**Name:** MAYORGA, CARLOS  
**Address:** 1450 MERIDIAN AVE., UNIT 10  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby 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:** EDWARD M FREEMAN

MGRM

09/29/2010

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