2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# L06000000084

Entity Name: DOCTORS CLINIC FAMILY HEALTH CENTER LLC

Current Principal Place of Business:

204 ES PARK STREET
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

204 ES PARK STREET
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 20-4021023 **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:

SWEDA, RENNAE
204 ES PARK STREET
OKEECHOBEE, FL 34972 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: RENNAE SWEDA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SWEDA, STANLEY DR
Address: 204 ES PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SWEDA, STANLEY DR
Address: 204 SE PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: STANLEY H. SWEDA M.D. 11/04/2009

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