

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000004556

FILED
Oct 28, 2008
Secretary of State

Entity Name: COMPREHENSIVE HEALTH CENTER OF ORLANDO, LLC

Current Principal Place of Business:

1011 WEST OAKRIDGE ROAD
ORLANDO, FL 32809

New Principal Place of Business:

1011 WEST OAK RIDGE ROAD
SUITE A
ORLANDO, FL 32809

Current Mailing Address:

1011 WEST OAKRIDGE ROAD
ORLANDO, FL 32809

New Mailing Address:

8788 S.W. 8TH STREET
MIAMI, FL 33174

FEI Number: 20-4632070 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:

COMPANY MANAGEMENT SERVICES, LLC
2788 S.W. 8TH STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

COMPANY MANAGEMENT SERVICES, LLC
8788 S.W. 8TH STREET
MIAMI, FL 33174 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: ANNETTE C. DELEON

10/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOISE, RUDOLPH
Address: 671 N.W. 119TH STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOISE, GUY RUDOLPH
Address: 9999 N.E. 2ND AVENUE, SUITE 209
City-St-Zip: MIAMI SHORES, FL 33138

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: GUY RUDOLPH MOISE

MGR

10/28/2008

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