

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019896

FILED
Oct 01, 2007
Secretary of State

Entity Name: ERIC M. COHEN, M.D., P.L.

Current Principal Place of Business:

2925 ADVENTURA BOULEVARD
SUITE 203
ADVENTURA, FL 33180 US

New Principal Place of Business:

2743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Current Mailing Address:

2925 ADVENTURA BOULEVARD
SUITE 203
ADVENTURA, FL 33180 US

New Mailing Address:

2743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

FEI Number: 20-4363989 **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:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

COHEN, ERIC M
2743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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: ERIC COHEN

10/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, ERIC M MD
Address: 2925 ADVENTURA BOULEVARD, SUITE 203
City-St-Zip: ADVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, ERIC M MD
Address: 2743 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020 US

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: ERIC COHEN

MGR

10/01/2007

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