2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000030797

Entity Name: INFECTIOUS DISEASES OF FLORIDA PL

FILED Sep 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11373 CORTEZ BLVD 11331 CORTEZ BLVD

SUITE #303 BROOKSVILLE, FL 34613 US

BROOKSVILLE, FL 34613 US

Current Mailing Address: New Mailing Address:

11373 CORTEZ BLVD 11331 CORTEZ BLVD

BROOKSVILLE, FL 34613 **SUITE #303** US BROOKSVILLE, FL 34613 US

FEI Number: 20-4594897 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: Name and Address of New Registered Agent:

SABA, SHEREEN SABA, SHEREEN 11373 CORTEZ BLVD 11331 CORTEZ BLVD **SUTIE #303** BROOKSVILLE, FL 34613 US

BROOKSVILLE, FL 34613 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: SHEREEN SABA 09/27/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: MGRM (X) Change () Addition

SABA, SHEREEN SABA, SHEREEN Name: Name: Address: 11373 CORTEZ BLVD SUITE # 303 Address: 11331 CORTEZ BLVD City-St-Zip: BROOKSVILLE, FL 34613 US City-St-Zip: BROOKSVILLE, FL 34613 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: SHEREEN SABA **MGRM** 09/27/2007