

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000046658

FILED
Nov 20, 2007
Secretary of State

Entity Name: MURRAY MEDICAL GROUP, LLC.

Current Principal Place of Business:

450 N. WYMORE RD.
C/O WEBSTER, CHAIRES & PARTNERS, P.L.
WINTER PARK, FL 32789

New Principal Place of Business:

900 SOUTH DELANEY AVENUE
ORLANDO, FL 32806

Current Mailing Address:

450 N. WYMORE RD.
C/O WEBSTER, CHAIRES & PARTNERS, P.L.
WINTER PARK, FL 32789

New Mailing Address:

900 SOUTH DELANEY AVENUE
ORLANDO, FL 32806

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

W & P SERVICES, INC.
450 N. WYMORE RD.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MURRAY, THOMAS
1207 SWEETBRIAR ROAD
ORLANDO, FL 32806 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: THOMAS MURRAY

11/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DPST () Delete
Name: MURRAY, LOUIS
Address: 900 SOUTH DELANEY AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS MURRAY

DPST

11/20/2007

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