2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L06000081679

Entity Name: MEDICAL CONSULTANTS TEAM, A PROFESSIONAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-5431737 **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:

GENNARO, MICHAEL A
4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 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: MICHAEL A. GENNARO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DESMOND, LAEL DR.
Address: 4635 S. DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete
Name: DESMOND, DEBRA DR
Address: 4635 S. DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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: DR. LAEL DESMOND MGRM 10/27/2008

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