

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000083430

FILED
Oct 09, 2007
Secretary of State

Entity Name: PHYSICIAN'S MARKETING AND MANAGEMENT, L.L.C.

Current Principal Place of Business:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 56-2606279 **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:

DORFMAN, DAVID
9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411 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: DAVID DORFMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: DORFMAN, DAVID
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: VIA, CAROL
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

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: DAVID DORFMAN

PRES

10/09/2007

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