

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000088740

FILED
Oct 03, 2007
Secretary of State

Entity Name: OPTIMUM HEALTHCARE PROFESSIONALS LLC

Current Principal Place of Business:

6445 SOUTH CHICKASAW TRAIL #272
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

6445 SOUTH CHICKASAW TRAIL #272
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 16-1772954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, LYNN
6866 REMINGTON VIEW COURT
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

VASQUEZ, LYNN
6445 S CHICKASAW TRAIL #272
ORLANDO, FL 32829 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: LYNN VASQUEZ

10/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VASQUEZ, LYNN
Address: 6866 REMINGTON VIEW COURT
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: VASQUEZ ALI, VALERIE J
Address: 6512C NEW GOLDENROD ROAD
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VASQUEZ, LYNN
Address: 6445 S CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32829

Title: MGRM (X) Change () Addition
Name: VASQUEZ ALI, VALERIE J
Address: 6445 S CHICKASAW TRAIL
City-St-Zip: ORLANDO, FL 32829

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: LYNN VASQUEZ

MGR

10/03/2007

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