2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L06000089191** 08 OCT 22 AM 8: 05 SOUTH MIAMI 7300 PARTNERS, LLC TALLAHASSEE FLORIDA Mailing Address Principal Place of Business % FLORIDA WOMAN'S HEALTH CARE % FLORIDA WOMAN'S HEALTH CARE 7300 SW 62ND PLACE, 3RD FLOOR 7300 SW 62ND PLACE, 3RD FLOOR SOUTH MIAMI, FL 33134 SOUTH MIAMI, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E101 (1/07) 06252008 REIN-LLC Applied For City & State City & State 38-3741364 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kathryn Butler FRAZIER, LINDA C Street Address (P.O. Box Number is Not Acceptable) 2525 PONCE DE LEON BLVD., SUITE 400 CORAL GABLES, FL 33134 Zip Code 3313 リ. South Ma<u>mi</u> 8. 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. I am familiar with, and accept 500132472395 07/08/08--01020--008 ***37 the obligations of registered agent. **377.50 SIGNATURE _ Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 AGRM Hirsch, Nathan M Addition ☐ Change □ Delete TITLE TITLE 7300 SW 62 Place, 3rd Floor South Miami, F1 33143 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Change 720so, Javier TITLE ☐ Delete TITLE NAME NAME 7300 Sis 62 Place, 3rd Floor STREET ADDRESS STREET ADDRESS Suth Miami, F1. 33143 CITY_ST_7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TILE Guinot. Raphae 1 TITLE NAME NAME 7300-SW 62 Place, 319 Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>South Uiami, 191-33143</u> CITY-ST-ZIP Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME 7300 sis 62 Place, 3rd Flast STREET ADDRESS STREET ADDRESS <u> Juth Micmi, Fl. 33143</u> CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change .. SELLERS □ Delete TITLE Surcen TITLE NAME NAME 7300 Sis 62 Place, 3rd Flour STREET ADDRESS STREET ADDRESS OCT 232008 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET A CITY-ST-EF CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 3 required by Chapter 608, Florida Statutes. SIGNATURE: ER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone