

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000092395

FILED
Jul 29, 2008
Secretary of State

Entity Name: HOPE INJURY CENTER, LLC.

Current Principal Place of Business:

1084 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

3740 WEST BROWARD BLVD
PLANTATION, FL 33312

Current Mailing Address:

1084 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

3740 WEST BROWARD BLVD
PLANTATION, FL 33312

FEI Number: 20-1563037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUZE, HENRI C
1084 SUNSET STRIP
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

DOUZE, HENRI C
1881 WEST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 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: HENRI CLAUDE DOUZE

07/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DC () Change (X) Addition
Name: HENRI CLAUDE, DOUZE
Address: 1881 WEST OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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: HENRI CLAUDE DOUZE

DC

07/29/2008

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