2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 31, 2007
Secretary of State

DOCUMENT# L06000095112

Entity Name: ROBERTS & PELOTE, P.L.

Current Principal Place of Business:

1905 SOUTH 25TH STREET, SUITE #100
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

1905 SOUTH 25TH STREET, SUITE #100
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 20-5616570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JAMES A M.D.
1905 SOUTH 25TH STREET, SUITE #100
FT. PIERCE, FL 34947 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: JAMES A ROBERTS M.D.
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBERTS, JAMES A M.D.
Address: 1905 SOUTH 25TH STREET, SUITE #100
City-St-Zip: FT. PIERCE, FL 34947

Title: MGRM ( ) Delete
Name: PELOTE, EDWARD W M.D.
Address: 1905 SOUTH 25TH STREET, SUITE #100
City-St-Zip: FT. PIERCE, FL 34947

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: EDWARD W. PELOTE M.D. MGRM 10/31/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date