2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 09, 2008
Secretary of State

DOCUMENT# L06000095966

Entity Name: ASCEND PRACTICE CONSULTANTS LLC

Current Principal Place of Business:

1857 FLOYD STREET
SUITE 100
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1857 FLOYD STREET
SUITE 100
SARASOTA, FL 34239

New Mailing Address:

1857 FLOYD ST
SUITE 100
SARASOTA, FL 34239

FEI Number: 20-5639683 **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:

PATTI, C. STEPHEN M.D.
1857 FLOYD STREET
SUITE 100
SARASOTA, FL 34239 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: C. STEPHEN PATTI MD

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATTI, C. STEPHEN M.D.
Address: 1857 FLOYD STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGRM (X) Delete
Name: MCHALE, TRACEY T JR.
Address: 6801 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

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: C. STEPHEN PATTI MD MGRM 06/09/2008

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