2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2008
Secretary of State

DOCUMENT# L06000115207

Entity Name: ACA MANAGEMENT SOLUTIONS OF FLORIDA LLC

Current Principal Place of Business:

3010 HUNTERS CREEK BOULEVARD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

6525 WEST CAMPUS OVAL
SUITE 150
NEW ALBANY, OH 43054

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

AKIN, SHERRILLE D
600 N. SALISBURY AVENUE
DELAND, FL 32720 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: SHERRILLE D. AKIN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AMBULATORY CARE AFFI, LIATES LTD.
Address: 6526 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES:

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: AMBULATORY CARE AFFILIATES, LTD MGRM 10/23/2008

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