2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2008
Secretary of State

DOCUMENT# L06000116282

Entity Name: FAMILY PRACTICE ASSOCIATES OF RIVERVIEW, LLC

Current Principal Place of Business:

11347 BIG BEN ROAD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

11347 BIG BEN ROAD
RIVERVIEW, FL 33579 US

Current Mailing Address:

11347 BIG BEN ROAD
RIVERVIEW, FL 33569 US

New Mailing Address:

11347 BIG BEN ROAD
RIVERVIEW, FL 33579 US

FEI Number: 02-0793508 **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:

AUGUSTIN, JEAN MAX HERVE
5619 LARK MEADOW PLACE
LITHIA, FL 33547 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: JEAN M H AUGUSTIN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AUGUSTIN, JEAN MAX HERVE
Address: 5619 LARK MEADOW PLACE
City-St-Zip: LITHIA, FL 33547 US

Title: MGR ( ) Delete
Name: AUGUSTIN-VOIGT, JOSEE
Address: 5619 LARK MEADOW PLACE
City-St-Zip: LITHIA, FL 33547 US

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: JEAN M H AUGUSTIN MGRM 10/16/2008

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