

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119524

FILED
Jan 31, 2008
Secretary of State

Entity Name: MMRS SHELDON ROAD, LLC

Current Principal Place of Business:

11809 N. DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

509 GISANDO DE AVILA
STE. 200
TAMPA, FL 33613

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, MICHAEL J
509 GISANDO DE AVILA
STE. 200
TAMPA, FL 33613 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: MICHAEL J SIERRA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIERRA, MICHAEL J
Address: 509 GISANDO DE AVILA, STE. 200
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: MCCLIMANS, FREDERICK J MD
Address: 11809 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: MACCLARIN, M. CHRISTOPHER MD
Address: 11809 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: ROSEN, JAY L MD
Address: 11811 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY L. ROSEN, MD

CEO

01/31/2008

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