2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# L07000005045

Entity Name: TRICOUNTY HOSPITALISTS, LLC

Current Principal Place of Business:

1906 WINGFIELD DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

1906 WINGFIELD DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-8228899 **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:

KELLEY, GOLDBERG, LEACH & COHN, P.L.
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KGLC
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

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: STEPHEN COHN 10/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHARIF, SHAHID
Address: 1906 WINGFIELD DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: SHAHID SHARIF MGRM 10/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date