2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2009
Secretary of State

DOCUMENT# L07000016933

Entity Name: INPATIENT MEDICINE ASSOCIATES (IMAC), PL

Current Principal Place of Business:

4108 N. MIRA BLVD.
ORLANDO, FL 32817

New Principal Place of Business:

4882 QUALITY TRAIL
ORLANDO, FL 32829

Current Mailing Address:

4108 N. MIRA BLVD.
ORLANDO, FL 32817

New Mailing Address:

4882 QUALITY TRAIL
ORLANDO, FL 32829

FEI Number: 20-8458730 **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:

REHMAN, ARSHAD
4108 N. MIRA BLVD.
ORLANDO, FL 32817 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: NAVAID SIDDIQI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REHMAN, ARSHAD
Address: 4108 N. MIRA BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete
Name: SIDDIQI, NAVAID
Address: 4882 QUALITY TRAIL
City-St-Zip: ORLANDO, FL 32829

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: NAVAID SIDDIQI MD 10/23/2009

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