2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# L07000023827

Entity Name: HEALTH ALLIANCE OF CENTRAL FLORIDA, L.L.C.

Current Principal Place of Business:

10105 US HWY 441 #118
LEESBURG, FL 347883952 US

New Principal Place of Business:

201 GOLDIE STREET
LEESBURG, FL 34748 US

Current Mailing Address:

10105 US HWY 441 #118
LEESBURG, FL 347883952 US

New Mailing Address:

201 GOLDIE STREET
LEESBURG, FL 34748 US

FEI Number: 20-8612360 **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:

CHOUDRY, FARYAL
201 GOLDIE STREET
LEESBURG, FL 34748 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: FARYAL CHOUDRY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHOUDRY, FARYAL
Address: 201 GOLDIE STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: MGR ( ) Delete
Name: CHEEMA, SHAHBAZ A
Address: 192 PATRICE HOPE
City-St-Zip: LEESBURG, FL 34748 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: FARYAL CHOUDRY MGRM 10/08/2008

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