2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: AMERICAN PRIMARY CARE PHYSICIANS OF SOUTH FLORIDA, PL

Current Principal Place of Business:

6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

192 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027

Current Mailing Address:

6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 20-8636689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIMER, DAVID H
2115 N. COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CUBAS, FELIPE L
192 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027 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: FELIPE L. CUBAS 03/04/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MMGR
Name: CUBAS, FELIPE L MD
Address: 192 S FLAMINGO RD
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby 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 Statues.

SIGNATURE: FELIPE L. CUBAS MMGR 03/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date