2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# L07000049465

Entity Name: PRIMARY CARE ASSOCIATES OF FLORIDA LLC

Current Principal Place of Business:

4320 KING EDWARD DR
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

4320 KING EDWARD DR
ORLANDO, FL 32826

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

ALEXIS, ALEXANDRA
4320 KING EDWARD
ORLANDO, FL 32826 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: ALEXANDRA ALEXIS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VALENTIN, EDEN'S
Address: 4320 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

Title: MGRM ( ) Delete
Name: ALEXIS, ALEXANDRA
Address: 4320 KING EDWARD DR
City-St-Zip: ORLANDO, FL 32826

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: ALEXANDRA ALEXIS MGRM 09/29/2008

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