2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 19, 2009
Secretary of State

DOCUMENT# L07000056218

Entity Name: URGENT CARE OF LONGWOOD, LLC

Current Principal Place of Business:

450 W. ST. RD. 434
SUITE 101
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

450 W. ST. RD. 434
SUITE 101
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-8762699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

AHMAR, WASIM
450 W. STATE RD. 434
LONGWOOD, FL 32750 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: WASIM AHMAR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AHMAR, WASIM
Address: 450 W. STATE RD. 434
City-St-Zip: LONGWOOD, FL 32750

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: WASIM AHMAR MNG 11/19/2009

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