2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# L07000095508

Entity Name: MEDPARTNERSDIRECT L.L.C.

Current Principal Place of Business:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Mailing Address:

FEI Number: 01-0811700 **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:

INTEGRATED PHYSICIAN SERVICES
1726 MEDICAL BLVD
101
NAPLES, FL 34110 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: MICHAEL T DENT

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: INTEGRATED PHYSICIAN SERVICES
Address: 1726 MEDICAL BLVD SUITE 101
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DENT, MICHAEL T
Address: 1726 MEDICAL BLVD SUITE 101
City-St-Zip: NAPLES, FL 34110

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: MICHAEL T DENT MGR 10/15/2009

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