

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000105816

FILED
Nov 18, 2008
Secretary of State

Entity Name: FAMILY CARE DOCTORS GROUP LLC

Current Principal Place of Business:

10244 E. COLONIAL DRIVE, SUITE 102
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10244 E. COLONIAL DRIVE, SUITE 102
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 26-1284111 **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:

Name and Address of New Registered Agent:

DI SPIRITO, NEIL ESQ.
1615 EDGEWATER DRIVE, SUITE 180
ORLANDO, FL 32804 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: NEIL DI SPIRITO, ESQ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: NEGRON-TORRES, EDNA M
Address: 10244 E. COLONIAL DRIVE, SUITE 102
City-St-Zip: ORLANDO, FL 32817

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: EDNA M. NEGRON-TORRES

MGR

11/18/2008

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