

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000105816

FILED
Dec 18, 2009
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:

10244 E. COLONIAL DRIVE
SUITE 101
ORLANDO, FL 32817

Current Mailing Address:

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

New Mailing Address:

10244 E. COLONIAL DRIVE
SUITE 101
ORLANDO, FL 32817

FEI Number: 26-1284111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BITTMAN, MICHAEL J ESQ.
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: EDNA NEGRON-TORRES

12/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEGRON-TORRES, EDNA M
Address: 10244 E. COLONIAL DRIVE, SUITE 101
City-St-Zip: ORLANDO, FL 32817

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 NEGRON-TORRES

MGR

12/18/2009

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