

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000110046

FILED
Oct 08, 2008
Secretary of State

Entity Name: ORLANDO FAMILY MEDICAL CENTER, LLC

Current Principal Place of Business:

5542 LAKE HOWELL ROAD
WINTER PARK, SEMIONALE

New Principal Place of Business:

5542 LAKE HOWELL ROAD
WINTER PARK, FL 32792 US

Current Mailing Address:

5542 LAKE HOWELL ROAD
WINTER PARK, SEMIONALE

New Mailing Address:

5542 LAKE HOWELL ROAD
WINTER PARK, FL 32792 US

FEI Number: 45-0579103 **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:

RICHARDS, JUAN CARLOS
5542 LAKE HOWELL ROAD
WINTER PARK, FL 32792 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: JUAN RICHARDS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDS, JUAN C
Address: 5542-46 LAKE HOWELL ROAD
City-St-Zip: WINTER PARK, FL 32792

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: JUAN RICHARDS

MGM

10/08/2008

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