

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000111011

Entity Name: 441 OFFICE PARTNERS, LLC

FILED
Oct 28, 2008
Secretary of State

Current Principal Place of Business:

12953 PALMS WEST DR
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

Current Mailing Address:

12953 PALMS WEST DR
LOXAHATCHEE, FL 33470 US

New Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

FEI Number: 26-1357218 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CSC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VEDERE, AMARNATH M.D.
Address: 12953 PALMS WEST DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: FOUCAULD, JEAN M.D.
Address: 12953 PALMS WEST DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: VENUGOPAL, CHANDRA M.D.
Address: 12953 PALMS WEST DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: SHAH, NEERAV M.D.
Address: 12953 PALMS WEST DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: MELHADO, MAURICIO M.D.
Address: 12953 PALMS WEST DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VEDERE, AMARNATH M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM (X) Change () Addition
Name: FOUCAULD, JEAN M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM (X) Change () Addition
Name: VENUGOPAL, CHANDRA M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM (X) Change () Addition
Name: SHAH, NEERAV M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM (X) Change () Addition
Name: MELHADO, MAURICIO M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

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: DEBORAH SIKPPER

AVP

10/28/2008

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