

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 NOV -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10272008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000118312 1. Entity Name UNIVERSITY GERIATRIC CENTER LLC																													
Principal Place of Business 3010 E. 138TH AVE SUITE 100 TAMPA, FL 33613			Mailing Address 3010 E. 138TH AVE SUITE 100 TAMPA, FL 33613																										
2. Principal Place of Business - No P.O. Box # 3010 E. 138th Ave Suite, Apt. #, etc. Suite 100			3. Mailing Address same. Suite, Apt. #, etc.																										
City & State Tampa, FL			City & State same.																										
Zip 33613		Country USA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SHAH, DIPAK MD 14701 N. FLA AVE TAMPA, FL 33613																									
7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 10/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAH, DIPAK MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14701 N FLA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33613</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	SHAH, DIPAK MD		STREET ADDRESS	14701 N FLA AVE		CITY-ST-ZIP	TAMPA, FL 33613		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">400137581374</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11/03/08--01070--007</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>**238.75</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	400137581374	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11/03/08--01070--007		STREET ADDRESS	**238.75		CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: PRESIDENT 10/28/08 (817) 486.1074 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													