2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# L07000122382

Entity Name: MZ HEALTH CARE LLC

Current Principal Place of Business:

520 BRICKELL KEY DRIVE, STE O-305
MIAMI, FL 33131

New Principal Place of Business:

BRICKELL BAY OFFICE TOWER, 1001 BRICKELL BAY DRIVE, SUITE 2310
MIAMI, FL 33131

Current Mailing Address:

520 BRICKELL KEY DRIVE, STE O-305
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: AMY CULVER, ASSISTANT SECRETARY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	OLIVARES, JOSE A	
Address:	520 BRICKELL KEY DRIVE, STE O-305	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGR	( ) Delete
Name:	ESTRADA, ERLIN	
Address:	520 BRICKELL KEY DRIVE, STE O-305	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGR	( ) Delete
Name:	PAREJA, ELISENDA	
Address:	520 BRICKELL KEY DRIVE, STE O-305	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGR	( ) Delete
Name:	CORSA, PIETRO G	
Address:	520 BRICKELL KEY DRIVE, STE O-305	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSE ANTONIO OLIVARES ALMARZA MGR 10/21/2008

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