

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124656

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Entity Name:** J.S. AMBULATORY FACILITY, L.L.C.

**Current Principal Place of Business:**

9055 SW 87TH AVE.  
MIAMI, FL 33176

**New Principal Place of Business:**

6705 RED ROAD  
SUITE 708  
CORAL GABLES, FL 33143

**Current Mailing Address:**

9055 SW 87TH AVE.  
MIAMI, FL 33176

**New Mailing Address:**

6705 RED ROAD  
SUITE 708  
CORAL GABLES, FL 33143

**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:**

**Name and Address of New Registered Agent:**

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD.  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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: ROBERT KRAMER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SALOMON, JHONNY  
Address: 9055 SW 87TH AVE.  
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Change ( ) Addition  
Name: SALOMON, JHONNY  
Address: 6705 RED ROAD, SUITE 708  
City-St-Zip: CORAL GABLES, FL 33143

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: JHONNY SALOMON

DR.

10/29/2008

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