

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000128147

FILED
Sep 30, 2008
Secretary of State

Entity Name: PINE CASTLE URGENT CARE CENTER PLLC

Current Principal Place of Business:

5636 HANSEL AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6525 WEST CAMPUS OVAL
SUITE 150
NEW ALBANY, OH 43054

New Mailing Address:

FEI Number: 26-1660887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKIN, SHERRILLE D
600 N. SALISBURY AVENUE
DELAND, FL 32720 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: SHERRILLE D. AKIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DI IULLO, NINO
Address: 6525 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

Title: MGRM () Delete
Name: COPPEL, LEWIS W JR.
Address: 6525 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES:

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: NINO DI IULLO

MGRM

09/30/2008

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