

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000020557

FILED
Nov 19, 2009
Secretary of State

Entity Name: PROFESSIONAL MEDICAL HEALTH SERVICES LLC

Current Principal Place of Business:

13903 NW 67TH AVENUE, SUITE 310
MIAMI LAKES, FL 33014

New Principal Place of Business:

13903 NW 67TH AVENUE, SUITE 310
MIAMI LAKES, FL 33014

Current Mailing Address:

13903 NW 67TH AVENUE, SUITE 310
MIAMI LAKES, FL 33014

New Mailing Address:

1224 NW 29 ST
MIAMI, FL 33042

FEI Number: 26-1995512 **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:

CAMPILLO, LUIS M SR
1224 NW 29ST
MIAMI, FL 33142 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: LUIS CAMPILLO MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CAMPILLO, LUIS M SR.
Address: 1224 NW 29ST
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMPILLO, LUIS M SR.
Address: 1224 NW 29ST
City-St-Zip: MIAMI, FL 33142

Title: MGR () Change (X) Addition
Name: CAMPILLO, ROSA N MGR
Address: 1224 NW 29 ST
City-St-Zip: MIAMI, FL 33142

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: LUIS CAMPILLO MD

MGR

11/19/2009

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