

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 05, 2010  
Secretary of State**

DOCUMENT# L08000023485

**Entity Name:** 7421 N. UNIVERSITY MEDICAL OFFICE LLC

**Current Principal Place of Business:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 26-3284869      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILITZOK & LEVY, P.A.  
3230 STIRLING ROAD  
SUITE 1  
HOLLYWOOD, FL 33021 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: JA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARMENAKIS, GUS  
Address: 4931 CYPRESS WAY  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM  
Name: ARMENAKIS, JULIA  
Address: 4931 CYPRESS WAY  
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby 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: GUS ARMENAKIS

DR

11/05/2010

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