2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# L08000060943

Entity Name: NEW HORIZONS MEDICAL OB/GYN CONSULTANTS, LLC

Current Principal Place of Business:

3001 W HALLANDALE BEACH BLVD
200
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

3001 W HALLANDALE BEACH BLVD
200
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 26-2925881 **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:

ANELLO, LORETTA
3001 W HALLANDALE BEACH BLVD
200
HALLANDALE, FL 33009 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: LORETTA ANELLO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANELLO, LORETTA
Address: 3001 W HALLANDALE BEACH BLVD, SUITE 200
City-St-Zip: HALLANDALE, FL 33009 US

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: ROTHSCHILD, ERIC DR
Address: 440 NE 4TH AVE, APT 118
City-St-Zip: FORT LAUDERDALE, FL 33301

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: LORETTA ANELLO MGRM 12/15/2009

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