

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000072515

FILED
Oct 18, 2010
Secretary of State

Entity Name: NORTH FLORIDA ACUTE CARE SPECIALISTS, LLC

Current Principal Place of Business:

5991 CHESTER AVE., STE 211
JACKSONVILLE, FL 322172245 US

New Principal Place of Business:

5991 CHESTER AVE.
STE 211
JACKSONVILLE, FL 322172245 US

Current Mailing Address:

P.O. BOX 551698
JACKSONVILLE, FL 322551698 US

New Mailing Address:

FEI Number: 26-3061812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSIN, NEIL
PHYSICIAN ADVISORY GROUP, INC.
4110-D NW 37TH PLACE
GAINESVILLE, FL 32606 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: NEIL ROSIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAVRYLIUK, VLADIMIR
Address: 13714 BROMELY POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM
Name: RODRIGUEZ, ISMAEL
Address: 1392 EAGLE CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32065 US

Title: MGRM
Name: TOUHEED, MOHAMMAD
Address: 13116 HIGHLAND GLEN WAY EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM
Name: KHAN, DASTAGIR
Address: 207 BARONAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: ISMAEL RODRIGUEZ

MGRM

10/18/2010

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