

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000007913

**FILED**  
**Jul 28, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL MANAGEMENT OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

390 BALBOA DRIVE AT SOLIVITA  
POINCIANA, FL 34759 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 BALBOA DRIVE AT SOLIVITA  
POINCIANA, FL 34759 US

**New Mailing Address:**

**FEI Number:** 26-4333535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

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

VALDES, LORRAINE  
390 BALBOA DRIVE SOLIVITA  
POINCIANA, FL 34759 US

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: LORRAINE VALDES

07/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALDES, LORRAINE  
Address: 390 BALBOA DRIVE AT SOLIVITA  
City-St-Zip: POINCIANA, FL 34759 US

Title: MGRM  
Name: VALDES, AURELIO  
Address: 390 BALBOA DRIVE AT SOLIVITA  
City-St-Zip: POINCIANA, FL 34759 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: LORRAINE VALDES

MGRM

07/28/2011

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