2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 08, 2013
Secretary of State

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Entity Name: HIGHLANDS ADVANCED RHEUMATOLOGY AND ARTHRITIS CENTER P.L.

Current Principal Place of Business:

3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870

New Mailing Address:

FEI Number: 27-0321442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, ALEXANDER MD
3750 EMERGENCY LANE
SUITE 3
SEBRING, FL 33870 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: ALEXANDER TORRES, MD
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TORRES, ALEXANDER MD
Address: 3750 EMERGENCY LANE SUITE 3
City-St-Zip: SEBRING, FL 33870

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 Statues.

SIGNATURE: ALEXANDER TORRES, MD MGR 03/08/2013
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date