

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000065730

FILED
May 30, 2011
Secretary of State

Entity Name: INSTITUTE OF MEDCAL EXCELLENCE LLC

Current Principal Place of Business:

441 SOUTH 21ST STREET
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

804 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

441 SOUTH 21ST STREET
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

PO BOX 1262
DEFUNIAK SPRINGS, FL 32435

FEI Number: 94-3487665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HOWARD, KINLEY W SR
804 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435 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: KINLEY W HWARD

05/30/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR
Name: HOWARD, KINLEY W SR
Address: PO BOX 1262
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: RD
Name: STEPHENS, SARAH E
Address: PO BOX 1262
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: KINLEY W HOWARD

DR

05/30/2011

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