

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000076928

FILED
Feb 23, 2012
Secretary of State

Entity Name: TRI-COUNTY ACCIDENT CARE, LLC

Current Principal Place of Business:

2780 SW 116 AVENUE
DAVIE, FL 33330

New Principal Place of Business:

2681 N. FLAMINGO RD. STE 2301
SUNRISE, FL 33323

Current Mailing Address:

2780 SW 116 AVENUE
DAVIE, FL 33330

New Mailing Address:

2681 N. FLAMINGO RD. STE 2301
SUNRISE, FL 33323

FEI Number: 27-3090185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARREDA, JOAQUIN A
2780 SW 116TH AVE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

BARREDA, JOAQUIN A
2681 N. FLAMINGO RD. STE 2301
SUNRISE, FL 33323 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: JOAQUIN BARREDA

02/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: BARREDA, JOAQUIN
Address: 2681 N. FLAMINGO RD. STE 2301
City-St-Zip: SUNRISE, FL 33323

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: JOAQUIN BARREDA

P

02/23/2012

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