

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000000558

FILED
Oct 29, 2012
Secretary of State

Entity Name: BAYMEADOWS INJURY CENTER, LLC.

Current Principal Place of Business:

9471 BAYMEADOWS RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9471 BAYMEADOWS RD.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 27-4421350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDUARDO GARCIA, CARLOS
9471 BAYMEADOWS RD., SUITE 306
JACKSONVILLE, FL 32256 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: CARLOS EDUARDO GARCIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: EDUARDO GARCIA, CARLOS
Address: 9471 BAYMEADOWS RD., #306
City-St-Zip: JACKSONVILLE, FL 32256

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: CARLOS EDUARDO GARCIA

MGRM

10/29/2012

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