

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000071646

FILED
Oct 17, 2012
Secretary of State

Entity Name: SAINT JOSE INJURY CENTER LLC

Current Principal Place of Business:

11798 SAN JOSE BLVD.
SUITE #2
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11798 SAN JOSE BLVD.
SUITE #2
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 45-2579662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, ROXANA
11798 SAN JOSE BLVD.
SUITE #2
JACKSONVILLE, FL 32223 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: ROXANA SUAREZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SUAREZ, ROXANA
Address: 11798 SAN JOSE BLVD., #2
City-St-Zip: JACKSONVILLE, FL 32223

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: ROXANA SUAREZ

MGR

10/17/2012

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