2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 12, 2013
Secretary of State

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Entity Name: CENTRAL FLORIDA CLINICAL SERVICES LLC

Current Principal Place of Business:

4900 SOUTHWEST 46 CT
2509
OCALA, FL 34474

New Principal Place of Business:

5681 SW 39TH ST
OCALA, FL 34474

Current Mailing Address:

4900 SOUTHWEST 46 CT
2509
OCALA, FL 34474

New Mailing Address:

5681 SW 39TH ST
OCALA, FL 34474

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEETAPPLE, JANET L
4900 SOUTHWEST 46 CT
2509
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SWEETAPPLE, JANET L
5681 SW 39TH ST
OCALA, FL 34474 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: JANET SWEETAPPLE 11/12/2013
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MMM
Name: EUFEMIA, THOMAS J
Address: 5681 SW 39TH ST
City-St-Zip: OCALA, FL 34474

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: THOMAS EUFEMIA MMM 11/12/2013
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date