2005 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Name ERNESTO J. PEREZ, M.D., LLC Principal Place of Business 134 ARIMAN AVE. AUBURNOALE, FL 33823 2. Perroinal Place of Business 1450 6 57 5E 3. Making Address 4 4450 6 57 5E 3. Making Address 5 3. Making Address 6 3. Maki	REINSTATEMENT			~SF	COSTALLEL
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23 88 0 USA 3880 USA 5. Certificate of Status Desired S5.00 Acceptional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for no purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or registered agent, or registered agent, or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or registered agent, or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent a			-		
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8. The above named entity submits this statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR			Street Address 1450	(P.O. Box Number is Not Acce	eptable)
B. The above named entity submits his statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the prior of both, in the State of Florida Department of State. FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 In coordance with s. 607.193(2)(b), F.S., the limited Florida Department of State Make check payable to Florida Department of State Addition Name SIREET ADDRESS 01/19/06-01006-019 ***50.00 IT ILE NAME IT ILE NAME IN ILE NAME I	, , , , , , , , , , , , , , , , , , , ,			 _	
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	11. I hereby certify that the information supplied	with this filing does and qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Stal	tutes. I further certify that the information
indicated on this report is true and accurate and that my 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.	indicated on this report is true and accurate	and that my signatyre shall have th	ne same legal effect as if	made under oath; that I am a i	managing member or manager of the
(PIDELT 863-287179)		610		(PIDELS	7 - 563-2871757
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