2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# L99000008914

Entity Name: PRIMARY CARE PHYSICIANS OF SANFORD, LLC

Current Principal Place of Business:

309 W. FIRST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

309 W. FIRST STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3613295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAMONE, VINCENT J
309 W. FIRST STREET
SANFORD, FL 32771 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: VINCENT MAMONE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VINCENT J. MAMONE,
Address: 120 ARCHERS POINT
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete
Name: MAMONE, DEBRA A
Address: 120 ARCHERS POINT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VINCENT MAMONE PRES 10/18/2007

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