

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000002329

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** AMBULATORY CARE CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

4205 HILLSBORO PIKE  
SUITE 314  
NASHVILLE, TN 37215

**New Principal Place of Business:**

**Current Mailing Address:**

4205 HILLSBORO PIKE  
SUITE 314  
NASHVILLE, TN 37215

**New Mailing Address:**

**FEI Number:** 39-1964361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: NRAI SERVICES, INC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCOTT, H. THOMAS  
Address: 1200 BLUE SPRING RD  
City-St-Zip: FRANKLIN, TN 37069

Title: MGRM  
Name: RIEGLE, W. SCOTT  
Address: 4205 HILLSBORO PIKE, SUITE 314  
City-St-Zip: NASHVILLE, TN 37215

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: H. THOMAS SCOTT

MGRM

10/04/2010

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