I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: BORJIAN, ROYA R, MD

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title MGR Name BORJIAN, ROYA R MD Address 201 174TH STREET APT 1006 City-State-Zip: SUNNY ISLES BEACH FL 33160

SIGNATURE: NATALIA UTRERA

Electronic Signature of Registered Agent

MIAMI, FL 33145 US

201 174TH STREET APT 1006 SUNNY ISLES BEACH. FL 33160 US

Current Principal Place of Business:

DOCUMENT# L15000197549

201 174TH STREET APT 1006 SUNNY ISLES BEACH. FL 33160

Current Mailing Address:

FEI Number: 81-0703487

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST 4TH FLOOR

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.

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: ROYA ROSE BORJIAN INTERNAL MEDICINE, M.D., LLC

FILED Nov 29, 2016 Secretary of State CR2126800931

Certificate of Status Desired: No

11/29/2016 Date

11/29/2016 Date