

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000001875

FILED
Sep 20, 2006
Secretary of State

Entity Name: UNLIMITED MEDICAL SERVICES OF FLORIDA LLC

Current Principal Place of Business:

1704 WOOLCO WAY
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

1704 WOOLCO WAY
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 33-1039609 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLEITES, NORBERTO
2114 DRIVE WAY
KISSIMMEE, FL 34746 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: NORBERTO FLEITES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FLEITES, NORBERTO
Address: 2114 DRIVE WAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLEITES, NORBERTO
Address: 2114 DRIVE WAY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: NORBERTO FLEITES

MGR

09/20/2006

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