2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 27, 2007
Secretary of State

DOCUMENT# L03000001875

Entity Name: UNLIMITED MEDICAL SERVICES OF FLORIDA, P.L.

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:

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

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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: NORBERTO FLEITES MGR 09/27/2007

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