

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014728

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: AMEDICUS, LLC

## Current Principal Place of Business:

5133 CASTELLO DR., STE. 1  
NAPLES, FL 34103

## New Principal Place of Business:

8891 BRIGHTON LANE  
126  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

5133 CASTELLO DR., STE. 1  
NAPLES, FL 34103

## New Mailing Address:

1647 SCC PLAZA BLDG.  
204E  
SUN CITY CENTER, FL 33573

FEI Number: 47-0907849      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:

WHITCOMB, STANLEY P ESQ  
5133 CASTELLO DR., STE. 1  
NAPLES, FL 34103    US

## Name and Address of New Registered Agent:

WHITCOMB, STANLEY P ESQ  
4875 PELICAN COLONY BLVD  
701  
BONITA SPRINGS, FL 34134    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: STANLEY P. WHITCOMB, JR.

01/24/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: WHITCOMB, STANLEY P PRES.  
Address: 8891 BRIGHTON LANE #126  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STANLEY P. WHITCOMB, JR.

PRES

01/24/2005

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