2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000062245

Entity Name: EMIAMERICA MEDICAL EQUIPMENT LLC.

Current Principal Place of Business:

5645 NW 84 AVENUE
DORAL, FL 33166

New Principal Place of Business:

5463 NW 74 AVE
DORAL, FL 33166

Current Mailing Address:

5645 NW 84 AVENUE
DORAL, FL 33166

New Mailing Address:

5643 NW 74 AVENUE
DORAL, FL 33166

FEI Number: 41-2180082 **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:

VILLEGAS, JAIME A
5645 NW 84 AVENUE
DORAL, FL 33166 US

Name and Address of New Registered Agent:

VILLEGAS, JAIME A
5643 NW 74 AVENUE
DORAL, FL 33166 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: JAIME A VILLEGAS 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VILLEGAS, JAIME
Address: 5645 NW 84 AVENUE
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VILLEGAS, JAIME
Address: 5643 NW 74 AVENUE
City-St-Zip: DORAL, FL 33166

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: JAIME A VILLEGAS MGRM 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date