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	Annual Report / Reinstatement
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FLORIDA MEDI, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ALL PHINGS CO.

ARTICLE I - NAME

The name of the Limited Liability Company is: FLORIDA MEDI, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 700 S. Harbour Island Boulevard, #429, Tampa, Florida 33602.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: Until dissolved pursuant to its Operating Agreement.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

DEREK KALOUST 700 S. Harbour Island Boulevard, #429 Tampa, Florida 33602

> ROY HELLWEGE 794 27th Avenue North St. Petersburg, Florida 33704

CLAYTON SWALSTAD 657 Flamingo Drive Apollo Beach, Florida 33572

EDWARD ZBELLA, M.D. 2454 McMellen-Sooth Road Clearwater, Florida 33756

777 S. Harbour Island Boulevard, Suite 100 Tampa, Florida 33602

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: Only with the consent of all the remaining Members.

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Member, by: Derek Kaloust.

Dated this 30th day of May, 2007.

Derek Kaloust Managing Member

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 30^{th} day of May, 2007, by

Derek Kaloust, who has produced a Florida Driver License as identification.

J. LASMAN otary Public - State of Florida My Commission Expires Oct 22, 2009 Commission # DO 477734 Bonded Dy National Notary Assn.

Jeffrey M. Lasman, Notary Public

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: FLORIDA MEDI, LLC
- 2. The name and address of the registered agent and office is:

Jeffrey M. Lasman, Esquire LASMAN LAW FIRM, P.A. 6152 Delancey Station Street, Suite 205 Riverview, Florida 33569

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jeffrey IV Lasman

May 30, 2007 (Date)