

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000083744

**FILED**  
**Jan 14, 2008**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL ENGINEERING SERVICES LLC

**Current Principal Place of Business:**

5473 LEE STREET  
203  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

4050 HINA DRIVE  
SARASOTA, FL 34241

**Current Mailing Address:**

5473 LEE STREET  
203  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

4050 HINA DRIVE  
SARASOTA, FL 34241

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

BUSINESS FILINGS INCORPORATED  
203 GOVERNORS SQUARE BLVD  
101  
TALLAHASSEE, FL 32301 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: RICARDO ROSAS

01/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: ROSAS, RICARDO  
Address: 4050 HINA DR  
City-St-Zip: SARASOTA, FL 34241

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: RICARDO ROSAS

MR

01/14/2008

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