

# **2010 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A98000000422

Entity Name: MEDCYL SERVICES, LTD.

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4236 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 917452  
LONGWOOD, FL 32791 US

**New Mailing Address:**

FEI Number: 59-3493391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, ROBERT M PARTNER  
451 SYLVAN DRIVE  
WINTER PARK, FL 32789 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000101757  
Name: AEOLUS, INC.  
Address: 5 PELICAN PLACE  
City-St-Zip: BELLEAIR, FL 337561512 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: R SNIBBE

PART

09/28/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date