

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000006978

**FILED**  
**Nov 01, 2006**  
**Secretary of State**

**Entity Name:** ACCELERATED HEALTH SYSTEMS OF FLORIDA LC

**Current Principal Place of Business:**

1084 CANYON BAY LANE  
BOYNTON BEACH, FL 334374894

**New Principal Place of Business:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374894

**Current Mailing Address:**

1084 CANYON BAY LANE  
BOYNTON BEACH, FL 334374894

**New Mailing Address:**

10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374894

FEI Number: 36-4388501      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:**

BOLERA, THOMAS  
10894 CANYON BAY LANE  
BOYNTON BEACH, FL 334374849 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: THOMAS BOLERA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LAJT LTD,  
Address: 2050 RUSSETT WAY  
City-St-Zip: CARSON CITY, NV 89703 US

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS BOLERA

MGRM

11/01/2006

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