2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000016947

Entity Name: HEALTH SYSTEMS REIMBURSEMENT NETWORK, LLC

FILED Oct 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4300 N. UNIVERSITY DR., SUITE C-202 LAUDERHILL, FL 33351

Current Mailing Address: New Mailing Address:

4300 N. UNIVERSITY DR., SUITE C-202 LAUDERHILL, FL 33351

FEI Number: 65-1144151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TARANTINI, THEO 4300 N. UNIVERSITY DR., SUITE C-202 LAUDERHILL, FL 33351 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: THEO TARANTINI

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 TARANTINI, THEO
 Name:

 Address:
 2194 COUNTRY GOLF DRIVE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 IDEMA, CATHY
 Name:

 Address:
 2194 COUNTRY GOLF DRIVE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

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: THEO TARANTINI MGR 10/12/2006