2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L02000020911

Entity Name: COASTAL HEALTHCARE SOLUTIONS, L.L.C.

Current Principal Place of Business:

229 GOLF CLUB CIRCLE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

229 GOLF CLUB CIRCLE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 04-3724899 **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:

KYLE, DAVID
229 GOLF CLUB CIRCLE
TEQUESTA, FL 33469 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: DAVID KYLE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KYLE, DAVID A II
Address: 229 GOLF CLUB CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM ( ) Delete
Name: DOMB, MARC
Address: 201 LONE PINE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID A. KYLE MGRM 03/26/2009

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