

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000024142

Entity Name: MEDILEX, LLC

**FILED**  
**Dec 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

666 SEVENTY FIRST ST.  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

8337 NW 64TH STREET  
MIAMI, FL 33166

**Current Mailing Address:**

666 SEVENTY FIRST ST.  
MIAMI BEACH, FL 33141

**New Mailing Address:**

8337 NW 64TH STREET  
MIAMI, FL 33166

FEI Number: 06-1650463      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:**

LIPS, ALAN  
666 SEVENTY FIRST STREET  
MIAMI BEACH, FL 33141    US

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

DOS SANTOS, ROGELIO  
8337 NW 64TH ST  
MIAMI, FL 33166    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: ROGELIO DOS SANTOS

12/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SANTOS, ROGELIO DOS  
Address: 666 SEVENTY FIRST ST  
City-St-Zip: MIAMI BEACH, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SANTOS, ROGELIO DOS  
Address: 8337 NW 64TH STREET  
City-St-Zip: MIAMI, FL 33166

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: ROGELIO DOS SANTOS

MGR

12/03/2007

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