
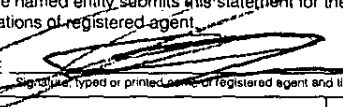
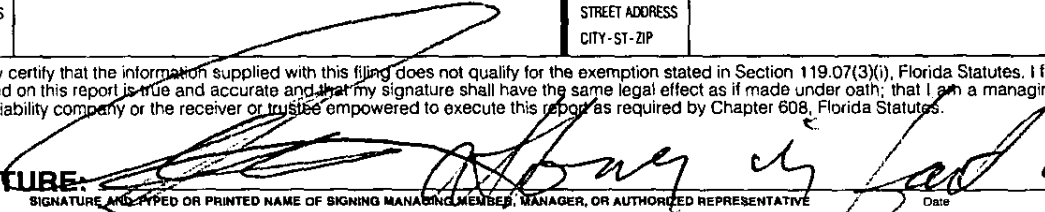


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |   |         |  |  |   |   |  |
|--|---|---------|--|--|---|---|--|
| <b>DOCUMENT # L02000025432</b>   |   |         |  |   |   | <b>FILED</b><br>05 DEC 20 PM 1:02<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| 1. Entity Name<br><b>INVESTMENT MEDICAL, LLC</b>   |   |         |  | Principal Place of Business<br><b>2300 LEE ROAD<br/>WINTER PARK, FL 32789</b>  |   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |         |  | 3. Mailing Address<br><b>2300 LEE ROAD<br/>WINTER PARK, FL 32789</b>   |   |   |  |
| City & State   |   |         |  | City & State   |   |   |  |
| Zip  |   | Country |  | Zip  |   | Country   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HARDING, ROBERT L<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>   |   |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |         |  | 4. FEI Number<br><b>51-0432848</b>   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |         |  | Applied For<br>Not Applicable  |   |   |  |
| SIGNATURE    |   |         |  | DATE <b>12-19-05</b>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2006, Fee will be \$100.00</b>  |   |         |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.               |   |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |         |  | <b>10. ADDITIONS / CHANGES</b>   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>DYE, RICHARD<br/>2300 LEE ROAD<br/>WINTER PARK, FL 32789</b> |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |   |         |  |  |   |   |  |
| <b>SIGNATURE:</b>    |   |         |  | DATE <b>407-648-9119</b>   |   |   |  |