

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000028872

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Entity Name:** BERRYHILL MEDICAL, P.L.

**Current Principal Place of Business:**

5937 BERRYHILL ROAD  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 969  
MILTON, FL 325720969

**New Mailing Address:**

**FEI Number:** 06-1654361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERNALI, SAL  
5937 BERRYHILL ROAD  
MILTON, FL 32570 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:** SALVATORE VERNALI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VERNALI, SAL  
**Address:** 5937 BERRYHILL ROAD  
**City-St-Zip:** MILTON, FL 32570

I hereby 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:** SALVATORE VERNALI

PRES

09/27/2011

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