

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000012796

**FILED**  
**Oct 15, 2007**  
**Secretary of State**

**Entity Name:** BOCA MEDICAL DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

17063 DARLINGTON CT  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

17063 DARLINGTON CT  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 89-1642299      **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:**

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

MILLER, ALEXANDER  
17063 DARLINGTON CT  
BOCA RATON, FL 33496      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:** ALEXANDER MILLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** MILLER, ALEXANDER  
**Address:** 17063 DARLINGTON CT  
**City-St-Zip:** BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

**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:** ALEXANDER MILLER

**PRES**

**10/15/2007**

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