

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026779

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** DYNAMIC CLINICAL SERVICES, LLC

**Current Principal Place of Business:**

1325 TWIN OAKS CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

60 ELLINGTON PLACE  
OVIEDO, FL 32765

**Current Mailing Address:**

1325 TWIN OAKS CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

P.O. BOX 622142  
OVIEDO, FL 32762-214

**FEI Number:** 26-0057469      **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:**

RICKER, MICHAEL J  
1325 TWIN OAKS CIRCLE  
OVIEDO, FL 32765    US

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

RICKER, MICHAEL J  
60 ELLINGTON PLACE  
OVIEDO, FL 32765    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: MICHAEL J. RICKER

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RICKER, MICHAEL J  
Address: 1325 TWIN OAKS CIR  
City-St-Zip: OVIEDO, FL 32765

Title: MGR      ( ) Delete  
Name: RICKER, LINDA A  
Address: 1325 TWIN OAKS CIR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: RICKER, MICHAEL J  
Address: 60 ELLINGTON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: MGR      (X) Change ( ) Addition  
Name: RICKER, LINDA A  
Address: 60 ELLINGTON PLACE  
City-St-Zip: OVIEDO, FL 32765

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: MICHAEL J. RICKER

MGR

04/29/2008

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