2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2005
Secretary of State

DOCUMENT# L04000005481

Entity Name: WEST FLORIDA MEDICAL SALES, LLC

Current Principal Place of Business:

1407 S. LORENZO AVE.
APT #1
TAMPA, FL 33629

New Principal Place of Business:

8969 SPRING MOUNTAIN WAY
FT MYERS, FL 33908

Current Mailing Address:

1407 S. LORENZO AVE.
APT #1
TAMPA, FL 33629

New Mailing Address:

8969 SPRING MOUNTAIN WAY
FT MYERS, FL 33908

FEI Number: 20-0619347 **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:

HYDE PARK ACCOUNTANTS, PA
2305 W. MORRISON AVE.
TAMPA, FL 33629 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: GERRY VALDES-SANCHEZ, CPA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GALLOWAY, CHAD
Address: 1407 S. LORENZO AVE. APT #1
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GALLOWAY, CHAD
Address: 8969 SPRING MOUNTAIN WAY
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHAD GALLOWAY MGRM 11/10/2005

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