

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000006193

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** NATIONAL MEDICAL CONSULTANTS LLC

**Current Principal Place of Business:**

277 ROYAL POINCIANA WAY  
141  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

277 ROYAL POINCIANA WAY  
141  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

JONES & WANG LLC  
11985 US HWY 1  
SUITE 207  
NORTH PALM BEACH, FL 33408 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: PETER HIBBERD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HIBBERD, PETER H  
Address: 277 ROYAL POINCIANA WAY #141  
City-St-Zip: PALM BEACH, FL 33480 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER HIBBERD

MGRM

02/10/2006

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