

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000016137

Entity Name: MED-GENERAL USA, LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

1045 COLLIER CENTER WAY, UNIT #1
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1045 COLLIER CENTER WAY, UNIT #1
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-0785927 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:

SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD., SUITE 103
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

COHEN, HENRY C
27200 RIVERVIEW CENTER BLVD.
SUITE 309
BONITA SPRINGS, FL 34134 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: HENRY C. COHEN

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLOOTZ, JACK
Address: 1045 COLLIER CENTER WAY #1
City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Delete
Name: MCCREIGHT, PAUL E
Address: 1045 COLLIER CENTER WAY #1
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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: JACK KLOOTZ

MANG

10/09/2007

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