

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037011

Entity Name: EMDAP, LLC

FILED
Sep 25, 2005
Secretary of State

Current Principal Place of Business:

3111 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

3111 N UNIVERSITY DRIVE
400
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

3111 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

3111 N UNIVERSITY DRIVE
400
CORAL SPRINGS, FL 33065 US

FEI Number: 26-0096546 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:

PELTA, ELY
9974 NW 65TH MANOR
PARKLAND, FL 33076 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: ELY PELTA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PELTA, ELY
Address: 3111 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33605 US

Title: MGRM () Delete
Name: PELTA, MARTHA
Address: 9974 NW 65TH MANOR
City-St-Zip: PARKLAND, FL 33076 US

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 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: ELY PELTA

MGR

09/25/2005

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