

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041465

FILED
Nov 02, 2005
Secretary of State

Entity Name: MEDVISION, LLC

Current Principal Place of Business:

C/O MARK D. COHEN, P.A.
4000 HOLLYWOOD BLVD., STE. 435 SOUTH
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

C/O MARK D. COHEN, P.A.
4000 HOLLYWOOD BLVD., STE. 435 SOUTH
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-1252454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARK D ESQ.
C/O MARK D. COHEN, P.A.
4000 HOLLYWOOD BLVD., STE. 435 SOUTH
HOLLYWOOD, FL 33021 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: MARK COHEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATKINS, JASON
Address: 4000 HOLLYWOOD BLVD., SUITE 435 SOUTH
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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: MARK COHEN

RA

11/02/2005

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