

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000049399

FILED
Nov 21, 2005
Secretary of State

Entity Name: HEALTHCARE PARTNERS, L.L.C.

Current Principal Place of Business:

9102 CASCADA WAY #202
NAPLES, FL 34103

New Principal Place of Business:

3150 W. PROSPECT RD.
SUITE 320
FORT LAUDERDALE, FL 33309

Current Mailing Address:

9102 CASCADA WAY #202
NAPLES, FL 34103

New Mailing Address:

3150 W. PROSPECT RD
SUITE 320
FORT LAUDERDALE, FL 33309

FEI Number: 20-3312317 **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:

SHULMAN, STEPHEN L
9102 CASCADA WAY #202
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SHULMAN, STEPHEN L
8589 BELLAGIO DR.
NAPLES, FL 34103 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: STEPHEN SHULMAN

11/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRO MEDICAL EAST, LI, MITED
Address: 1429 COUNTY LINE RD
City-St-Zip: ROSEMONT, PA 19010

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: STEPHEN SHULMAN

MM

11/21/2005

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