

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000055144

**FILED**  
**Mar 01, 2006**  
**Secretary of State**

**Entity Name:** AUTOMATED TREATMENT SYSTEMS, LLC

**Current Principal Place of Business:**

7800 BELFORT PARKWAY  
SUITE 100  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

4720 SALISBURY ROAD  
SUITE 52  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7800 BELFORT PARKWAY  
SUITE 100  
JACKSONVILLE, FL 32256

**New Mailing Address:**

4720 SALISBURY ROAD  
SUITE 52  
JACKSONVILLE, FL 32256

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

SANDS, J KEITH M  
7800 BELFORT PARKWAY  
SUITE 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

J. KEITH M. SANDS, P.A.  
4720 SALISBURY ROAD  
SUITE 56  
JACKSONVILLE, FL 32256 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: J. KEITH M. SANDS

03/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANDS, J KEITH M  
Address: 7800 BELFORT PARKWAY SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAMPBELL, DAVID F  
Address: 22 FANCHER, SUITE 100  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DAVID F. CAMPBELL

MGR

03/01/2006

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