


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L04000059864 | |  | |
| 1. Entity Name MEDICAL OUTREACH, LLC | | FILED 07 JUN 29 PM 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 106 COMMERCE STREET, SUITE 104 LAKE MARY, FL 32746 | | Mailing Address 106 COMMERCE STREET, SUITE 104 LAKE MARY, FL 32746 | |
| 2. Principal Place of Business - No P.O. Box # 4247 Grant Blvd. | | 3. Mailing Address 4247 Grant Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando FL | | City & State Orlando FL | |
| Zip FL 32804 | | Country USA | |
| Zip 32804 | | Country USA | |
| 4. FEI Number 20-2629078 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 06142007 REIN-LLC CR2E101 (1/07) | |
| 6. Name and Address of Current Registered Agent ICARDI, JEFFREY A 549 WYMORE ROAD, NORTH, SUITE 109 MAITLAND, FL 32751 | | 7. Name and Address of New Registered Agent Name: Laura Grant Street Address (P.O. Box Number is Not Acceptable): 13018 Gearing Court City: Winter Garden FL Zip Code: 34787 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Laura Grant</u> DATE: <u>6/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$200.00 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM AMERICAN HOSPITAL SUPPLY, INC. 106 COMMERCE STREET, SUITE 104 LAKE MARY, FL 32746 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Paula Grant 4247 Grant Blvd. Orlando, FL 32804 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. | | 800106017658 07/12/07--01045--021 **200.00 | |
| SIGNATURE: <u>Paula Grant</u> | | 14 June 07 407-101-3937 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |