2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# L04000065647

Entity Name: HEALTHCARE WASTE SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

431 OHIO PIKE, SUITE 173 SOUTH
CINCINNATI, OH 45255

New Principal Place of Business:

4357 FERGUSON DRIVE
SUITE 100
CINCINNATI, OH 45245

Current Mailing Address:

431 OHIO PIKE, SUITE 173 SOUTH
CINCINNATI, OH 45255

New Mailing Address:

4357 FERGUSON DRIVE
SUITE 100
CINCINNATI, OH 45245

FEI Number: 11-3727776 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CARINA DUNLAP

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEALTHCARE WASTE SOL, UTIONS, INC
Address: 431 OHIO PIKE, SUITE 173 SOUTH
City-St-Zip: CINCINNATI, OH 45255

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEALTHCARE WASTE SOL, UTIONS, INC
Address: 4357 FERGUSON DRIVE, SUITE 100
City-St-Zip: CINCINNATI, OH 45245

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH W. MAI CFO 10/08/2008

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