

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091594

FILED
Oct 14, 2009
Secretary of State

Entity Name: AMERICAN MEDICAL PROFESSIONALS,LLC

Current Principal Place of Business:

3221 STEVENSON STREET
PLANT CITY, FL 33566

New Principal Place of Business:

9340 REDHAWK BEND DR
LAKELAND, FL 33810

Current Mailing Address:

P.O. BOX 433
SYDNEY, FL 33587

New Mailing Address:

9340 REDHAWK BEND DR
LAKELAND, FL 33810

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MOORE, DEEDEE
3221 STEVENSON STREET
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

MOORE, DEEDEE
9340 REDHAWK BEND DR
LAKELAND, FL 33810 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: DEEDEE MOORE

10/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, DEEDEE
Address: P.O. BOX 433
City-St-Zip: SYDNEY, FL 33587

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, DEEDEE
Address: 9340 REDHAWK BEND DR
City-St-Zip: LAKELAND, FL 33810

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: DEEDEE MOORE

CEO

10/14/2009

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