

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091594

FILED
Mar 21, 2012
Secretary of State

Entity Name: AMERICAN MEDICAL PROFESSIONALS,LLC

Current Principal Place of Business:

1354 W RIGHTS CREEK RD
BONIFAY, FL 32425

New Principal Place of Business:

1319 W. FLETCHER AVE.
TAMPA, FL 33612

Current Mailing Address:

1354 W RIGHTS CREEK RD
BONIFAY, FL 32425

New Mailing Address:

1319 W. FLETCHER AVE.
TAMPA, FL 33612

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUNGUJA, DEBBIE
1354 W RIGHTS CREEK RD
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

RANDALL O. REDER, PA
1319 W. FLETCHER AVE.
TAMPA, FL 33612 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: RANDALL O. REDER

03/21/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE
Name: MOORE, DORICE
Address: 1319 W. FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

I hereby 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: DORICE MOORE BY RANDALL O. REDER POA

OWNE

03/21/2012

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