

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000047767

**FILED**  
**Oct 02, 2006**  
**Secretary of State**

**Entity Name:** MEDCOMPLIANCE SERVICES, LLC

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-268  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-268  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 42-1671281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIARELLI, RICHARD  
225 MAIN STREET, SUITE C  
SAFETY HARBOR, FL 34695 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: RICHARD CHIARELLI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: CHIARELLI, RICHARD D PRES.  
Address: 2519 MCMULLEN BOOTH ROAD, 510-268  
City-St-Zip: SAFETY HARBOR, FL 34695

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: RICHARD CHIARELLI

PRES

10/02/2006

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