

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000057663

Entity Name: THE MED GROUP, LLC

FILED  
Oct 06, 2006  
Secretary of State

**Current Principal Place of Business:**

4670 VILLAGE LINKS DRIVE  
SUITE C 201  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4003 OUTLOOK DRIVE #1  
HURRICANE, WV 25526

**New Mailing Address:**

FEI Number: 20-2893593      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:**

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

BROOKS, JEFF  
4670 VILLAGE LINKS DRIVE  
SUITE C 201  
PONCE INLET, FL 32127 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: JEFF BROOKS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BROOKS, JEFF  
Address: 4670 VILLAGE LINKS DRIVE SUITE C 201  
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: BROOKS, TERESA  
Address: 4670 VILLAGE LINKS DRIVE SUITE C 201  
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFF BROOKS

MR.

10/06/2006

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