2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 19, 2008
Secretary of State

DOCUMENT# L05000066706

Entity Name: NEOMEDICAL ALLIANCE LLC

Current Principal Place of Business:

6991 NW 82ND AVE
BAY # 1
MIAMI, FL 33166 US

New Principal Place of Business:

130 BONAVENTURE BLVD.
SUITE: 101
WESTON, FL 33326 US

Current Mailing Address:

6991 NW 82ND AVE
BAY # 1
MIAMI, FL 33166 US

New Mailing Address:

130 BONAVENTURE BLVD.
SUITE: 101
WESTON, FL 33326 US

FEI Number: 20-3138304 **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:

CLAVIJO, ALEXIS O
6991 NW 82ND AVE
BAY # 1
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CLAVIJO, ALEXIS O
130 BONAVENTURE BLVD.
SUITE: 101
WESTON, FL 33326 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: ALEXIS O CLAVIJO 11/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CLAVIJO, ALEXIS O
Address: 6991 NW 82ND AVE BAY # 1
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete
Name: CLAVIJO, MALIX N
Address: 6991 NW 82ND AVE BAY # 1
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLAVIJO, ALEXIS O
Address: 130 BONAVENTURE BLVD., SUITE: 101
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Change ( ) Addition
Name: CLAVIJO, MALIX N
Address: 130 BONAVENTURE BLVD., SUITE: 101
City-St-Zip: WESTON, FL 33326 US

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: ALEXIS O CLAVIJO MGRM 11/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date