

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071326

FILED
Sep 29, 2010
Secretary of State

Entity Name: LYNGATE I MEDICAL DEVELOPMENT, LLC

Current Principal Place of Business:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313

New Mailing Address:

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

Name and Address of Current Registered Agent:

HABIBI, KAM
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 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: KAM HABIBI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OFFI
Name: HABIBI, KAM
Address: 6765 SUNSET STRIP, SUITE 1
City-St-Zip: SUNRISE, FL 33313

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: KAM HABIBI

OWNE

09/29/2010

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