

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079174

FILED
Sep 28, 2006
Secretary of State

Entity Name: EXABULATE OF NORTH DADE COUNTY, LLC

Current Principal Place of Business:

4550 POST OAK PLACE, STE. 145
HOUSTON, TX 77027

New Principal Place of Business:

TWO NORTHPOINT DRIVE
950
HOUSTON, TX 77060

Current Mailing Address:

4550 POST OAK PLACE, STE. 145
HOUSTON, TX 77027

New Mailing Address:

TWO NORTHPOINT DRIVE
950
HOUSTON, TX 77060

FEI Number: 20-3167171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CANTOR, BERNARD
2865 KINSINGTON CIRCLE
WESTON, FL 33332 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: BERNARD CANTOR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOUND MEDICAL SOLUTI, ONS, INC.
Address: 4550 POST OAK PLACE, STE. 145
City-St-Zip: HOUSTON, TX 77027

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOUND MEDICAL SOLUTI, ONS, INC.
Address: TWO NORTHPOINT DRIVE, SUITE 950
City-St-Zip: HOUSTON, TX 77060

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: CHARLES COHEN

MGR

09/28/2006

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