L05000083670

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PATTERSON, ANDERSON & FELDMAN, P.A.
Account Number : I20000000140
Phone : (904)247-1770
Fax Number : (904)246-0139

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LIMITED LIABILITY REINSTATEMENT

DOUGLAS MEDICAL DEVELOPMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

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N. Gilligan JAN 2 - 2007

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

(H06000389913)

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TALLAHASSEE, FLORIDA

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1. Entity Name
DOUGLAS MEDICAL DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1102 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250	1102 1ST STREET SOUTH JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

10122006 REIN-LLC CR2E101 (11/05)

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, ANDERSON & FELDMAN, P.A. 3010 S. THIRD STREET JACKSONVILLE BEACH FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete MORRELL, ALVARO F 1102 1ST STREET SOUTH JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete RUSSO, ROBERT 486 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete MCCLERREN, LEON T 3536 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature], Authorized Rep 12/29/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #