

Dec. 29, 2006, 1:00PM

Patterson Bond & Lawless

N. 1107

P. 1

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L05000083670

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

DOUGLAS MEDICAL DEVELOPMENT, LLC

Certificate of Status	1
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Estimated Charge	\$155.00

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Dec. 29. 2006 1:00PM Patterson Bond & Latshaw

No. 1107 P. 2

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

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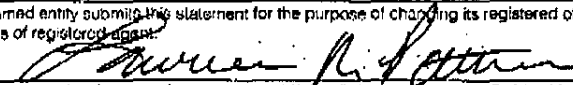
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10122006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000083670			
1. Entity Name DOUGLAS MEDICAL DEVELOPMENT, LLC			
Principal Place of Business 1102 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250		Mailing Address 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
6. Name and Address of Current Registered Agent PATTERSON, ANDERSON & FELDMAN, P.A. 3010 S. THIRD STREET JACKSONVILLE BEACH FL 32250		7. Name and Address of New Registered Agent 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 		DATE	
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 MORRELL, ALVARO F 1102 1ST STREET SOUTH JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSO, ROBERT 486 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLERREN, LEON T 3536 ST. JOHNS AVENUE JACKSONVILLE, FL 32205 ☐ 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
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: 		Date: 12/29/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			