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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. Galligan JAN 2 - 2007

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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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

10122006 REIN-LLC CR2E101 (11/05)

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

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, PA. 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 Lawrence A. Patterson 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 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: Lawrence A. Patterson, Authorized Rep 12/29/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date