


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09122008 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PATTERSON, ANDERSON & FELDMAN, P.A. 3010 S. THIRD STREET JACKSONVILLE BEACH, FL 32250
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7. Name and Address of New Registered Agent Name <u>Patterson & Anderson, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3010 South Third Street</u> City <u>Jacksonville Beach</u> FL Zip Code <u>32250</u>
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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 <u>Laura K. Patterson</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRELL, ALVARO F <input type="checkbox"/> Delete 1102 1ST STREET SOUTH JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ-CHAVEZ, ERNESTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1650 WALNUT AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSO, ROBERT <input type="checkbox"/> Delete 486 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138185559 11/21/08--01048--006 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLERREN, LEON T <input type="checkbox"/> Delete 3536 ST. JOHNS AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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.
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SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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FILED
2008 NOV 19 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



-07-08