# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# L05000083744

**Entity Name:** UNIVERSAL MEDICAL ENGINEERING SERVICES LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 5473 LEE STREET<br>203<br>LEHIGH ACRES, FL 33971 | 4050 HINA DRIVE<br>SARASOTA, FL 34241 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 5473 LEE STREET<br>203<br>LEHIGH ACRES, FL 33971 | 4050 HINA DRIVE<br>SARASOTA, FL 34241 |

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

**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:** | **Name and Address of New Registered Agent:** |
|---|---|
| | BUSINESS FILINGS INCORPORATED<br>203 GOVERNORS SQUARE BLVD<br>101<br>TALLAHASSEE, FL 32301 US |

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: RICARDO ROSAS 01/14/2008

Electronic Signature of Registered Agent Date

| **MANAGING MEMBERS/MANAGERS:** | | **ADDITIONS/CHANGES:** | |
|---|---|---|---|
| Title: | MGRM ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | ROSAS, RICARDO | Name: | |
| Address: | 4050 HINA DR | Address: | |
| City-St-Zip: | SARASOTA, FL 34241 | City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO ROSAS MR 01/14/2008

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