

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000089561

FILED
Oct 18, 2007
Secretary of State

Entity Name: CROWN MEDICAL SYSTEMS LLC

Current Principal Place of Business:

4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Principal Place of Business:

3300 NE 192 ST
PARC CENTRAL I # 712
AVENTURA, FL 33180 US

Current Mailing Address:

4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 20-3563173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TELL, MEAH ROTHMAN
4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351 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: BRIAN SCHUMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SCHUMER, BRIAN
Address: APARTMENT 712,3300 N.E. 192ND STREET
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
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: BRIAN SCHUMER

MGR

10/18/2007

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