

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000114724

Entity Name: REMEDY MEDICAL LLC

FILED
Dec 05, 2008
Secretary of State

Current Principal Place of Business:

17617 SHADYSIDE CIRCLE
LUTZ, FL 33549

New Principal Place of Business:

2814 20 MILE LEVEL ROAD
LAND O LAKES, FL 34639

Current Mailing Address:

17617 SHADYSIDE CIRCLE
LUTZ, FL 33549

New Mailing Address:

2808 20 MILE LEVEL ROAD
LAND O LAKES, FL 34639

FEI Number: 20-3930972 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:

HAND, LORI J
17617 SHADYSIDE CIRCLE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

TROUT, SUZANNE C
2808 20 MILE LEVEL ROAD
LAND O LAKES, FL 34639 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: SUZANNE C TROUT

12/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAND, LORI J
Address: 17617 SHADYSIDE CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ADAMO, LINDA J
Address: 2814 20 MILE LEVEL ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR () Change (X) Addition
Name: TROUT, SUZANNE C
Address: 2808 20 MILE LEVEL ROAD
City-St-Zip: LAND O LAKES, FL 34639

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: LORI J HAND

MGRM

12/05/2008

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