

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV -9 A 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000053586					
1. Entity Name ADVANCED MEDICAL SOLUTIONS LLC					
Principal Place of Business 80 SURFVIEW DRIVE, SUITE 708 PALM COAST, FL 32137			Mailing Address 7272 WURZBACH ROAD, SUITE 902 SAN ANTONIO, TX 78240		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> No Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				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: <u>Denise Fowler</u> DATE: <u>10.10.07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	RXPRT INC.				
STREET ADDRESS	80 SURFVIEW DRIVE, SUITE 708				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
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CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>[Signature]</u> <u>AST. HGL</u> <u>10/11/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					