

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000073498

Entity Name: A-1 TRAUMA, LLC

FILED
Sep 26, 2007
Secretary of State

Current Principal Place of Business:

274 NE SOLIDA DR.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

274 NE SOLIDA DR.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 87-0778304 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:

KEOWN, DENNIS P
375 NE BRAZILIAN CIR
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

KEOWN, DENNIS P
274 NE SOLIDA DRIVE
PORT ST LUCIE, FL 34983 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: DENNIS P. KEOWN

09/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREGRIN, MARY L
Address: 274 NE SOLIDA DR.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM () Delete
Name: KEOWN, DENNIS P
Address: 375 NE BRAZILIAN CIR
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KEOWN, DENNIS P
Address: 274 NE SOLIDA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

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: DENNIS P. KEOWN

MGRM

09/26/2007

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