
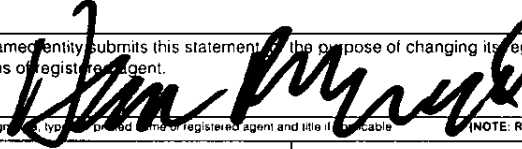
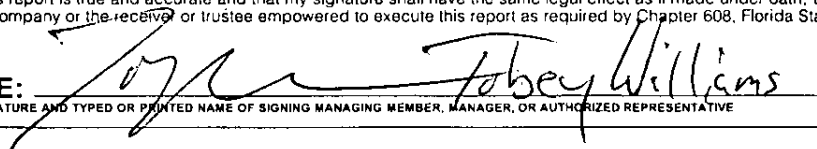


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000088775 1. Entity Name MEDICAL RISK SOLUTIONS, LLC				SECRET DIVISION 07 NOV -6 AM 10: 51	
Principal Place of Business 1800 SECOND STREET STE 909 SARASOTA, FL 34236		Mailing Address 1800 SECOND STREET STE 909 SARASOTA, FL 34236			
2. Principal Place of Business - No P.O. Box # 212 SW 5th ST. Suite, Apt. #, etc. Suite # 1 City & State STUART FL Zip FL 34994		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA		10312007 REIN-LLC CR2E101 (1/07) 4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WOLFE, RANDOLPH ESQ 100 N TAMPA ST STE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Lance P. Richard, Esquire Street Address (P.O. Box Number is Not Acceptable) 51 East Ocean Boulevard City Stuart FL Zip Code 34994		
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  DATE 10/31/07 <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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, TOBEY MD 1217 EAST WASHINGTON STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, TOBEY MD 212 SW 5th St. #1 STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100111994334 11/05/07--01027--019 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 11/2/07 DAYTIME PHONE # 407-461-0288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					