

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000096064

Entity Name: J & K MOBILE MEDICS L.L.C.

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

8348 BLUEBERRY DRIVE #1
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

13806 LITTLE ROAD BOX 121
HUDSON, FL 34667

New Mailing Address:

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

ROBERTS, JOHN
8348 BLUEBERRY DRIVE #1
NEW PORT RICHEY, FL 34653 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: JOHN ROBERTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERTS, JOHN
Address: 8348 BLUEBERRY DRIVE #1
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: ROBERTS, KATHLEEN
Address: 8348 BLUEBERRY DRIVE #1
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

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

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: KATHLEEN ROBERTS

MGR

10/09/2007

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