

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000100259

Entity Name: SJS MEDICAL, LLC

FILED
Aug 05, 2009
Secretary of State

Current Principal Place of Business:

6550 NE 7 TH AVE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6550 NE 7 TH AVE
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-5713991 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:

FARINACCI, GLENN R
2275 SOUTH FEDERAL HIGHWAY
SUITE #130
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

FARINACCI, GLENN R
1730 SOUTH FEDERAL HIGHWAY
SUITE #208
DELRAY BEACH, FL 33483 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: GLENN R FARINACCI

08/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SKIDMORE, SHANE J
Address: 6550 NE 7TH AVE
City-St-Zip: BOCA RATON, FL 33487

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: CARTLEDGE, RICHARD MD
Address: 940 SE 9TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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: SHANE J SKIDMORE

MGRM

08/05/2009

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