

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000118135

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** DARCY MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

15275 COLLIER BLVD.  
#201 PNB209  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

15275 COLLIER BLVD.  
#201 PNB209  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 20-8296520      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: D. E. HOWARTH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BETHEA, MICHEL  
Address: 3084 TERRAMAR DRIVE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BETHEA, MICHEL  
Address: 14496 JEKYLL ISLAND COURT  
City-St-Zip: NAPLES, FL 34119

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: MICHEL D. BETHEA

MR.

10/08/2007

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