

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000118135

**FILED**  
**May 06, 2011**  
**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:**

15275 COLLIER BLVD.  
#201 PNB230  
NAPLES, FL 34119

**Current Mailing Address:**

15275 COLLIER BLVD.  
#201 PNB209  
NAPLES, FL 34119

**New Mailing Address:**

15275 COLLIER BLVD.  
#201 PNB230  
NAPLES, FL 34119

**FEI Number:** 20-8296520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETHEA, MICHEL D  
15275 COLLIER BLVD  
STE. 201-209  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

BETHEA, MICHEL D  
15275 COLLIER BLVD  
STE. 201-230  
NAPLES, FL 34119 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: MICHEL BETHEA

05/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BETHEA, MICHEL  
Address: 14496 JEKYLL ISLAND COURT  
City-St-Zip: NAPLES, FL 34119

I hereby 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 BETHEA

PRES

05/06/2011

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