

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000001880

Entity Name: PMM MEDICAL LLC

FILED
Oct 16, 2009
Secretary of State

Current Principal Place of Business:

9240 SUNSET DR
SUITE 241
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

PO BOX 561023
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 20-8174675 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:

MENDEZ, MARILYN
12600 SW 78 AVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: MARILYN MENDEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALMEROLA, RAFAEL MD
Address: 7875 SW 66 ST
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: MENDEZ-MULET, LUIS MD
Address: 12600 SW 78 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: MENDEZ, MARILYN
Address: 12600 SW 78 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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

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: MARILYN MENDEZ

MGR

10/16/2009

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