

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005160

FILED
Mar 21, 2013
Secretary of State

Entity Name: STRUCTURED MEDICAL SYSTEMS, LLC

Current Principal Place of Business:

675 LIVE OAK LN
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 267813
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-8235544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, REINALDO
675 LIVE OAK LN
WESTON, FL 33327 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: REINALDO CRESPO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR
Name: CRESPO, REINALDO
Address: PO BOX 267813
City-St-Zip: WESTON, FL 33326 US

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: REINALDO CRESPO

MR

03/21/2013

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