2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000020500

City-St-Zip:

LAKE WORTH, FL 33463

Entity Name: TROPICAL NON-MEDICAL TRANSPORTATION, LLC

FILED Oct 07, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1241 PINEWAY DRIVE WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** 5762 OKEECHOBEE BLVD S-205 WEST PALM BEACH, FL 33417 FEI Number: 71-1025446 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: TROPICAL TRANSPORTATION LLC 5762 OKEECHOBEE BLVD S-205 WEST PALM BEACH, FL 33417 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: HOWARD F. BERKOWITZ Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HESTER, DANNY Name: Name: Address: 1241 PINEWAY DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BERKOWITZ, HOWARD F Name: Name: Address: 6336 SHINNECOCK LANE 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: HOWARD F. BERKOWITZ VP 10/07/2008