

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000023248

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** IMPRIMIS HEALTHGROUP, LLC

**Current Principal Place of Business:**

400 SW 12TH ST, BLDG B  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

3601 COMMERCIAL BOULEVARD  
SUITE 20  
NORTH LAUDERDALE, FL 33309

**Current Mailing Address:**

PO BOX 840407  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

3601 COMMERCIAL BOULEVARD  
SUITE 20  
NORTH LAUDERDALE, FL 33309

**FEI Number:** 20-8542616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

PAR VENTURES  
1210 NE 4TH STREET  
FORT LAUDERDALE, FL 33301      US

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

ULYSSES FELDER, P.A.  
777 ARTHUR GODFREY ROAD  
2ND FLOOR  
MIAMI BEACH, FL 33140 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: ULYSSES FELDER, ESQ.

10/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHRISTIAN, PHILIP R  
Address: 1208 NE 4TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CHRISTIAN, PHILIP R  
Address: P.O. BOX 350303  
City-St-Zip: FORT LAUDERDALE, FL 33335

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: PHILIP CHRISTIAN

MGRM

10/02/2009

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