

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000024501

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** VICDANY MEDICAL PRODUCTS LLC

**Current Principal Place of Business:**

5201 BLUE LAGOON DR STE 987  
MIAMI, FL 33126

**New Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
413  
SUNRISE, FL 33323

**Current Mailing Address:**

5201 BLUE LAGOON DR STE 987  
MIAMI, FL 33126

**New Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
413  
SUNRISE, FL 33323

**FEI Number:** 20-8610718      **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:**

SANDOVAL, ALICIA  
5201 BLUE LAGOON DR STE 987  
MIAMI, FL 33126 US

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

SANDOVAL, ALICIA  
1560 SAWGRASS CORPORATE PKWY  
413  
SUNRISE, FL 33323 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: ALICIA SANDOVAL

05/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SANDOVAL, ALICIA  
**Address:** 1560 SAWGRASS CORPORATE PARKWAY, SUITE 413  
**City-St-Zip:** SUNRISE, FL 33323

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: ALICIA SANDOVAL

MRS

05/12/2010

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