

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000046509

FILED
Oct 01, 2008
Secretary of State

Entity Name: GLOBAL MEDICAL GROUP LLC

Current Principal Place of Business:

1394 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1394 CORAL WAY
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1052411 **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:

GARCIA, HERMES A
1394 CORAL WAY
MIAMI, FL 33145 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: HERMES GARCIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, HERMES A
Address: 1394 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: LANDRON, JUAN R
Address: 1394 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: GARCIA LANDRON, ANGLE R
Address: 1394 CORAL WAY
City-St-Zip: MIAMI, FL 33145

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: HERMES GARCIA

MGR

10/01/2008

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