

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000055217

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

**Entity Name:** MC MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

4495 NW 1ST TERRACE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

1800 WEST HILLSBORO BLVD  
SUITE 205  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1800 WEST HILLSBORO BLVD  
SUITE 205  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 26-0236975      **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:**

CAMPBELL, MADELEINE MANAGER  
4495 NW 1ST TERRACE  
POMPANO BEACH, FL 33064 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:** MADELEINE CAMPBELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGMB ( ) Delete  
**Name:** RITTINGHOUSE, BRANDON G  
**Address:** 5110 NE 27TH AVE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

**Title:** MGMB ( ) Delete  
**Name:** GILLESPIE, MOIRA J  
**Address:** 4020 NW 70TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGMB (X) Change ( ) Addition  
**Name:** GILLESPIE, MOIRA J  
**Address:** 3055 NW 126 AVE #309  
**City-St-Zip:** SUNRISE, FL 33323

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:** BRANDON RITTINGHOUSE

MGRM

10/02/2009

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