

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000066937

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

**Entity Name:** ISIS MEDICAL MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

4600 NORTH HABANA AVE  
35  
TAMPA, FL 33614

**New Principal Place of Business:**

28100 US 19 NORTH  
300  
CLEARWATER, FL 33761

**Current Mailing Address:**

4600 NORTH HABANA AVE  
35  
TAMPA, FL 33614

**New Mailing Address:**

28100 US 19 NORTH  
300  
CLEARWATER, FL 33761

**FEI Number:** 20-4911274      **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:**

ZOLTON, JOSEPH W  
9350 YELLOW LAKE DRIVE  
NEW PORT RICHEY, FL 34654      US

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

GORMAN, IAN  
28100 US 19 NORTH  
300  
CLEARWATER, FL 33761      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: IAN GORMAN

09/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ZOLTON, JOSEPH W  
Address: 9350 YELLOW LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES:**

Title: CAO      (X) Change ( ) Addition  
Name: GORMAN, IAN  
Address: 28100 US 19 NORTH, #300  
City-St-Zip: CLEARWATER, FL 33761

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: IAN GORMAN

CAO

09/29/2008

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