2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# L07000067071

Entity Name: MEDI MD, LLC

Current Principal Place of Business:

138 NORTH ONE DRIVE
SUITE B
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

Current Mailing Address:

138 NORTH ONE DRIVE
SUITE B
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US

FEI Number: 26-0765834 **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:

MCCLURE, WILLIAM A
333 STOKES CREEK DRIVE
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MCCLURE, WILLIAM A
1424 NORTH LOOP PARKWAY
SAINT AUGUSTINE, FL 32095 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: WILLIAM A MCCLURE 10/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCCLURE, WILLIAM
Address: 138 NORTH ONE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR ( ) Delete
Name: TESTA, DAVID
Address: 138 NORTH ONE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR ( ) Delete
Name: FARRAYE, MARC
Address: 138 NORTH ONE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCCLURE, WILLIAM
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Change ( ) Addition
Name: BULLOCK, KRISTIN
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Change ( ) Addition
Name: STOWELL, PAULA DR
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: WILLIAM MCCLURE MGRM 10/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date