2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L07000072140

Entity Name: GATE MEDICALS, LLC.

Current Principal Place of Business:

1822 NW 19 ST.
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

1822 NW 19 ST
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

1822 NW 19 ST.
FT. LAUDERDALE, FL 33311 US

New Mailing Address:

1802 N UNIVERSITY DR
STE 102-117
PLANTATION, FL 33322 US

FEI Number: 02-0718748 **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:

PLANCHER, GARY
1876 N UNIVERSITY DR
STE 309A
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

PLANCHER, GARY
1802 N UNIVERSITY DR
STE 102-117
PLANTATION, FL 33322 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: GARY PLANCHER 10/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PLANCHER, GARY
Address: 1876 N UNIVERSITY DR STE 309A
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PLANCHER, GARY
Address: 1802 N UNIVERSITY DR STE 102-117
City-St-Zip: PLANTATION, FL 33322 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: GARY PLANCHER MGR 10/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date