

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000077872

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: CACHE' MEDICAL CONNECTIONS, LLC

## Current Principal Place of Business:

2171 STATE ROAD 434 STE 496  
LONGWOOD, FL 32779

## New Principal Place of Business:

17595 S TAMIAMI TRAIL  
106  
FT. MYERS, FL 33908

## Current Mailing Address:

2171 STATE ROAD 434 STE 496  
LONGWOOD, FL 32779

## New Mailing Address:

17595 S TAMIAMI TRAIL  
106  
FT. MYERS, FL 33908

FEI Number: FEI Number Applied For (X) 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:

NARDELLA, ANTHONY M JR ESQ  
234 N WESTMONTE DRIVE STE 3000  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

BATE, ANDREW H ESQ  
17595 S TAMIAMI TRAIL  
106  
FT. MYERS, FL 33908 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: ANDREW H. BATE, ESQ.

01/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARBER, JAMES A  
Address: 2171 STATE ROAD 434 STE 496  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: BLONDAL, KRISTINN V  
Address: 2171 STATE ROAD 434 STE 496  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

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: JAMES A.

MGR

01/29/2009

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