2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# L07000088022

Entity Name: MED-FI CONSULTANTS, LLC

Current Principal Place of Business:

2722 SUNNYSIDE STREET
SARASOTA, FL 34239

New Principal Place of Business:

456 12TH STREET WEST
BRADENTON, FL 34205

Current Mailing Address:

P.O. BOX 15738
SARASOTA, FL 342771738

New Mailing Address:

456 12TH STREET WEST
BRADENTON, FL 34205

FEI Number: 26-0806088 **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:

HARRISON, KIRKLAND, PRATT, CHULOCK & MCGUI
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 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: CHARLES J. PRATT, JR.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARRISON, THOMAS
Address: 1205 MANATEE AVENUE WEST
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete
Name: PRATT, CHARLES J JR.
Address: 1205 MANATEE AVENUE WEST
City-St-Zip: SARASOTA, FL 34239

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: CHARLES J. PRATT, JR. MGR 10/05/2009

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