2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 11, 2008
Secretary of State

DOCUMENT# L07000092359

Entity Name: CLINITEK MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

10150 SW 102 STREET
MIAMI, FL 33176

New Principal Place of Business:

5643 NW 74TH AVE.
MIAMI, FL 33166

Current Mailing Address:

10150 SW 102 STREET
MIAMI, FL 33176

New Mailing Address:

5643 NW 74TH AVE.
MIAMI, FL 33166

FEI Number: 23-8013980 **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:

ZUNIGA, FELIX M
10150 SW 102 STREET
MIAMI, FL 33176 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: FELIX M. ZUNIGA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ZUNIGA, FELIX M
Address: 10150 SW 102 STREET
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CF) (X) Change ( ) Addition
Name: ZUNIGA, FELIX M
Address: 10150 SW 102 STREET
City-St-Zip: MIAMI, FL 33176

Title: COO ( ) Change (X) Addition
Name: APPELL, ARNIE
Address: 10131 SW 118TH COURT
City-St-Zip: MIAMI, FL 33186

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: FELIX M. ZUNIGA CFO 11/11/2008

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