

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000092690

FILED
Apr 27, 2011
Secretary of State

Entity Name: MOBILEHOME MEDICS, LLC

Current Principal Place of Business:

603 PONDER
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

603 PONDER
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 26-0886345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITT SR., TIMOTHY
603 PONDER
LECANTO, FL 34461 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: TIMOTHY WITT, SR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WITT, TIMOTHY
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM
Name: WITT, TIMOTHY JR
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM
Name: SHERMAN, WILLIAM
Address: 603 PONDER
City-St-Zip: LECANTO, FL 34461 US

I hereby 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 SHERMAN

MGRM

04/27/2011

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