2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2008
Secretary of State

DOCUMENT# L07000093141

Entity Name: TRAUMA SOLUTIONS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5680 NORTHPOINTE LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 741213
BOYNTON BEACH, FL 33474

New Mailing Address:

5680 NORTHPOINTE LANE
BOYNTON BEACH, FL 33437

FEI Number: **FEI Number Applied For (X)** **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:

FERRARA, MICHELLE
5680 NORTHPOINTE LANE
BOYNTON BEACH, FL 33437 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: MICHELLE FERRARA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FERRARA, MICHELLE
Address: 5680 NORTHPOINTE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

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: MICHELLE FERRARA MGR 10/09/2008

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