

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114076

Entity Name: NUSPA MEDICAL, L.L.C.

FILED  
Oct 07, 2008  
Secretary of State

## Current Principal Place of Business:

925 NORTHEAST 30TH TERRACE  
316 AND 318  
HOMESTEAD, FL 33033 US

## New Principal Place of Business:

## Current Mailing Address:

925 NORTHEAST 30TH TERRACE  
316 AND 318  
HOMESTEAD, FL 33033 US

## New Mailing Address:

888 BRICKELL KEY DRIVE  
SUITE 2012  
MIAMI, FL 33131 US

FEI Number: 26-2334160      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:

RAFOLS, FRANCISCO J  
925 NORTHEAST 30TH TERRACE  
316 AND 318  
HOMESTEAD, FL 33033 US

## Name and Address of New Registered Agent:

RAFOLS, FRANCISCO J  
888 BRICKELL KEY DR  
SUITE 2012  
MIAMI, FL 33131 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: FRANCISCO RAFOLS, MD

10/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RAFOLS, FRANCISCO J M.D.  
Address: 925 N.E. 30TH TERRACE, SUITES 316 & 318  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGRM ( ) Delete  
Name: LOPEZ-LUCIANO, LUISA M M.D.  
Address: 925 N.E. 30TH TERRACE, SUITES 316 & 318  
City-St-Zip: HOMESTEAD, FL 33033 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RAFOLS, FRANCISCO J M.D.  
Address: 888 BRICKELL KEY DRIVE, SUITE 2012  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change ( ) Addition  
Name: LOPEZ-LUCIANO, LUISA M M.D.  
Address: 888 BRICKELL KEY DRIVE, SUITE 2012  
City-St-Zip: MIAMI, FL 33131 US

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: LUISA LOPEZ-LUCIANO

DR.

10/07/2008

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