

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114213

FILED
Sep 30, 2009
Secretary of State

Entity Name: PROFESSIONAL SUPPORT SERVICES GROUP LLC

Current Principal Place of Business:

C/O 1390 STATE ROAD 7
SUITE 450
WELLINGTON, FL 33414

New Principal Place of Business:

1920 WEKVIA WAY
SUITE 301
WEST PALM BEACH, FL 33411

Current Mailing Address:

C/O 1390 STATE ROAD 7
SUITE 450
WELLINGTON, FL 33414

New Mailing Address:

1920 WEKIVA WAY
SUITE 301
WEST PALM BEACH, FL 33411

FEI Number: 26-1407518 **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:

Name and Address of New Registered Agent:

HERBST, SETH J
1395 STATE ROAD 7 SUITE 450
WELLINGTON, FL 33414 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: SETH J HERBST, MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HERBST, SETH J
Address: C/O 1390 STATE ROAD 7
City-St-Zip: WELLINGTON, FL 33414

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: SETH J HERBST, MD

MGR

09/30/2009

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