

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124728

Entity Name: HEALTH SOLUTIONS LLC

FILED
Nov 19, 2008
Secretary of State

Current Principal Place of Business:

1490 WEST 49TH PLACE, SUITE 210
HIALEAH, FL 33012

New Principal Place of Business:

1280 S POWERLINE ROAD
SUITE 4
POMPANO BEACH, FL 33069

Current Mailing Address:

1490 WEST 49TH PLACE, SUITE 210
HIALEAH, FL 33012

New Mailing Address:

1280 S POWERLINE ROAD
SUITE 4
POMPANO BEACH, FL 33069

FEI Number: 22-3973294 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GAROFALO, DEBRA J
1280 S POWERLINEROAD
SUITE #4
POMPANO BEACH, FL 33069 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: DEBRA GAROFALO

11/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAROFALO, DEBRA
Address: 1490 WEST 49TH PLACE, SUITE 210
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: GAROFALO, DEBRA
Address: 1490 WEST 49TH PLACE, SUITE 210
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAROFALO, DEBRA
Address: 1280 S POWERLINE ROAD, SUITE 4
City-St-Zip: POMPANO BEACH, FL 33069

Title: S (X) Change () Addition
Name: GAROFALO, DEBRA
Address: 1280 S POWERLINE ROAD, SUITE 4
City-St-Zip: POMPANO BEACH, FL 33069

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: DEBRA GAROFALO

MGR

11/19/2008

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