

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000011911

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** RELIABLE MEDICAL NETWORK, LLC

**Current Principal Place of Business:**

620 NE 9TH AVENUE  
FT LAUDERDALE, FL 33304

**New Principal Place of Business:**

1304 BARNESDALE ROAD  
WOODBURY, NJ 08096

**Current Mailing Address:**

620 NE 9TH AVENUE  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

1304 BARNESDALE ROAD  
WOODBURY, NJ 08096

**FEI Number:** 26-1897679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, SEAN  
620 NE 9TH AVENUE  
FT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

CUPPY, FRED M  
3100 N OCEAN BLVD  
703  
FT LAUDERDALE, FL 33308 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: FRED M CUPPY

10/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: JACKSON, JOSEPH  
Address: 1304 BARNESDALE ROAD  
City-St-Zip: WOODBURY, NJ 08096

Title: MGRM ( ) Delete  
Name: JACKSON, WILLIAM  
Address: 1515 PROSPECT RIDGE BLVD  
City-St-Zip: HADDON HEIGHTS, NJ 08035

Title: MGRM ( ) Delete  
Name: CONTINO, JOSEPH  
Address: 3 NORTH COLUMBUS BLVD #443  
City-St-Zip: PHILADELPHIA, PA 19106

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH JACKSON

MGMR

10/20/2009

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