

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000044666

FILED
Oct 30, 2009
Secretary of State

Entity Name: NATHANIEL A GRAWAY MEDICAL LLC

Current Principal Place of Business:

109 PORPOISE BAY RD
#307
DAYTONA BEACH, FL 32119

New Principal Place of Business:

3478 ST. BART LANE
#104
TAMPA, FL 33614

Current Mailing Address:

109 PORPOISE BAY RD
#307
DAYTONA BEACH, FL 32119

New Mailing Address:

3478 ST. BART LANE
#104
TAMPA, FL 33614

FEI Number: 41-2278515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAWAY, NATHANIEL A
109 PORPOISE BAY RD
#307
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

GRAWAY, NATHANIEL A
3478 SAINT BART LANE
#104
TAMPA, FL 33614 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: NATHANIEL GRAWAY

10/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAWAY, NATHANIEL A
Address: 109 PORPOISE BAY ROAD
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAWAY, NATHANIEL A
Address: 3478 SAINT BART LANE #104
City-St-Zip: TAMPA, FL 33614

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: NATHANIEL GRAWAY

MGR

10/30/2009

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