

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000061752

FILED
Oct 06, 2009
Secretary of State

Entity Name: AMICUS MEDICAL SERVICES ORGANIZATION, LLC

Current Principal Place of Business:

1979 WEST HILLSBORO BLVD
1
DEERFIELD BEACH, FL 33342 US

Current Mailing Address:

1979 WEST HILLSBORO BLVD
1
DEERFIELD BEACH, FL 33342 US

New Principal Place of Business:

4330 WEST BROWARD BLVD
G
PLANTATION, FL 33317 US

New Mailing Address:

13030 DEVA ST
CORAL GABLES, FL 33156 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, DAVID R
13030 DEVA ST
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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: DAVID RODRIGUEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, DAVID R
Address: 13030 DEVA ST
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGRM () Delete
Name: BUCHWALD, ERIC
Address: 1979 WEST HILLSBORO BLVD SUITE 1
City-St-Zip: DEERFIELD BEACH, FL 33342 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: EMPIRE HEALTH CARE CONSULTANTS, INC
Address: 13030 DEVA ST
City-St-Zip: CORAL GABLES, FL 33156 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: DAVID RODRIGUEZ

MNGR

10/06/2009

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