

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000067929

FILED
Oct 28, 2009
Secretary of State

Entity Name: MEDENET PROPERTIES LLC

Current Principal Place of Business:

7620 PARADISE POINTE CIRCLE SOUTH
ST. PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

7620 PARADISE POINTE CIRCLE SOUTH
ST. PETERSBURG, FL 33711 US

New Mailing Address:

12225 - 28TH STREET NORTH, SUITE A
ST. PETERSBURG, FL 33716 US

FEI Number: 26-2981743 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:

PATEL, DILIP
140 PINE AVENUE NORTH
OLDSMAR, FL 34677 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: DILIP PATEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, KHYATI
Address: 7620 PARADISE POINTE CIRCLE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: MGRM () Delete
Name: PATEL, VAISHALI
Address: 7620 PARADISE POINTE CIRCLE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

ADDITIONS/CHANGES:

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: VAISHALI

MGMR

10/28/2009

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