

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000079272

Entity Name: HYPERFLOW MEDICAL, LLC

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

5203 TIDENS GROVE BLVD
WINDERMERE, FL 3486

New Principal Place of Business:

Current Mailing Address:

PO BOX 2665
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 80-0266149 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:

FERNANDEZ, ANTONIO N
5203 TIDENS GROVE BLVD
WINDERMERE, FL 3486 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: ANTONIO NICOLAS FERNANDEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ, ANTONIO N
Address: 5203 TIDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 3486

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, ANTONIO N
Address: 5203 TIDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

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: ANTONIO NICOLAS FERNANDEZ

MGRM

10/09/2009

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