

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000079548

Entity Name: HERO MEDICAL LLC

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

656 NW 129TH WAY
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

656 NW 129TH WAY
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 26-3196953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

MONTELONGO, RICARDO SR.
656 NW 129TH WAY
PEMBROKE PINES, FL 33028 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: RICARDO MONTELONGO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTELONGO, RICARDO SR.
Address: 656 NW 129TH WAY
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR () Delete
Name: BOB, SIDBECK
Address: 10507 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTELONGO, RICARDO SR.
Address: 656 NW 129TH WAY
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM (X) Change () Addition
Name: ROBERT, SIDBECK
Address: 10507 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33026 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: RICARDO MONTELONGO

MGRM

10/05/2009

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