

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000089615

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC MEDICAL SOLUTION, LLC

**Current Principal Place of Business:**

950 N. FEDERAL HIGHWAY  
SUITE 109  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 N. FEDERAL HIGHWAY  
SUITE 109  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

**FEI Number:** 26-3399275      **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:**

TIPPS, AMY E  
950 N. FEDERAL HIGHWAY  
SUITE 109  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

ROPAR, JEFF  
950 N. FEDERAL HIGHWAY  
SUITE 109  
POMPANO BEACH, FL 33062 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: JEFF ROPAR

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROPAR, JEFF  
**Address:** 950 N. FEDERAL HIGHWAY SUITE 109  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

**Title:** MGR  
**Name:** TALLMAN, LYNN  
**Address:** 950 N. FEDERAL HIGHWAY SUITE 109  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

I hereby 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: JEFF ROPAR

PRES

04/15/2010

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