2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# L08000108166

Entity Name: SURGICAL TEAM SERVICES, LLC

Current Principal Place of Business:

1401 RIVERPLACE BLVD, STE 610
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1401 RIVERPLACE BLVD, STE 610
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-3748671 **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:

MELENDEZ, LUIS
13300 ATLANTIC BLVD
1903
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MELENDEZ, LUIS
1401 RIVERPLACE BLVD
610
JACKSONVILLE, FL 32207 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: LUIS MELENDEZ 10/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MELENDEZ, LUIS
Address: 9378 ARLINGTON EXPRESSWAY #344
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MELENDEZ, LUIS
Address: 1401 RIVERPLACE BVD SUITE#610
City-St-Zip: JACKSONVILLE, FL 32207

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: LUIS MELENDEZ MGR 10/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date