

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000016571

FILED
Jan 03, 2011
Secretary of State

Entity Name: CLAIMS REIMBURSEMENT SPECIALISTS, LLC

Current Principal Place of Business:

2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL 33431

New Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487

Current Mailing Address:

2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL 33431

New Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487 US

FEI Number: 26-4298158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTMAN, MARK
2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ANTMAN, MARK
951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487 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: MARK ANTMAN

01/03/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ANTMAN, MARK
Address: 2920 N.W. 25TH TERRACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGR
Name: WINTER, DAVID
Address: 102 NE 2ND STREET #258
City-St-Zip: BOCA RATON, FL 33432 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: MARK ANTMAN

MGR

01/03/2011

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