

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000025666

FILED
Apr 28, 2011
Secretary of State

Entity Name: CENTERPOINT MEDICAL, L.L.C.

Current Principal Place of Business:

4152 WEST BLUE HERON BLVD
SUITE 123
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

4152 WEST BLUE HERON BLVD
SUITE 123
RIVIERA BEACH, FL 33404

New Mailing Address:

13420 DOUBLETREE CIRCLE
WELLINGTON, FL 33414

FEI Number: 94-3472870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, MONICA A
4152 WEST BLUE HERON BLVD
SUITE 123
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

WALKER, ALFRED A
13420 DOUBLETREECIRCLE
WELLINGTON, FL 33414 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: ALFRED A WALKER

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WALKER, MONICA A
Address: 4152 WEST BLUE HERON BLVD SUITE 123
City-St-Zip: RIVIERA BEACH, FL 33404

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: MONICA A WALKER

MGR

04/28/2011

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