

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000070494

**Entity Name:** ION MEDICAL SUPPLY, LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4390 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4390 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 94-3486036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAKELY, MELODY  
4390 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224 US

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

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: MELODY BLAKELY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BLAKELY, MELODY  
**Address:** 4390 RIPKEN CIRCLE EAST  
**City-St-Zip:** JACKSONVILLE, FL 32224

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: MELODY BLAKELY

MRS.

10/01/2010

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