

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000114604

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL PUBLISHING GROUP LLC

**Current Principal Place of Business:**

9293 BAY PINES BOULEVARD  
ST. PETERSBURG, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

9293 BAY PINES BOULEVARD  
ST. PETERSBURG, FL 33708 US

**New Mailing Address:**

FEI Number: 27-1411336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIMONS, JAMES R  
9293 BAY PINES BOULEVARD  
ST. PETERSBURG, FL 33708 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: JAMES R. SIMONS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SIMONS, JAMES R  
Address: 9293 BAY PINES BOULEVARD  
City-St-Zip: ST. PETERSBURG, FL 33708 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: JAMES R. SIMONS

PRES

04/26/2011

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