

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000122017

Entity Name: MOBILE MED TRAINING LLC

FILED
Oct 11, 2011
Secretary of State

Current Principal Place of Business:

5 HAVEN WOOD TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

5 HAVEN WOOD TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 27-1629062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, SHARON M
883 WEST GRANDA BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HALE, SHARON M
883 WEST GRANADA BOULEVARD.
ORMOND BEACH, FL 32174 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: SHARON HALE

10/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ROBERTS, MICHAEL E
Address: 5 HAVEN WOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: ROBERTS, DEBORAH S
Address: 5 HAVEN WOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL ROBERTS

MGR

10/11/2011

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