

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000058550

**FILED**  
**Nov 16, 2012**  
**Secretary of State**

**Entity Name:** IMPLANTABLE DEVICE SOLUTIONS, LLC

**Current Principal Place of Business:**

901 MONTEREY BLVD. NE  
ST. PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 MONTEREY BLVD. NE  
ST. PETERSBURG, FL 33704 US

**New Mailing Address:**

**FEI Number:** 45-5332055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33612 US

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

BELL, BRIAN D  
901 MONTEREY BLVD NE  
SAINT PETERSBURG, FL 33704 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: BRIAN BELL

11/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELL, BRIAN D  
Address: 901 MONTEREY BLVD. NE  
City-St-Zip: ST. PETERSBURG, FL 33704 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: BRIAN D BELL

CEO

11/16/2012

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