2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 01, 2012
Secretary of State

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Entity Name: KIST MEDICAL LLC

Current Principal Place of Business:

1029 SOUTH NOVA, UNIT D
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1029 SOUTH NOVA, UNIT D
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 45-2465683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TWERS, MATTHEW
6 INVERRAY COURT
ORMOND BEACH, FL 32174 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: MATTHEW TWERS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KIST-STEWART, LISA
Address: 6 INVERRAY COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: KIST, SHARON
Address: 68 OAKMONT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: TWERS, MATTHEW
Address: 6 INVERRAY COURT
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 Statues.

SIGNATURE: MATTHEW TWERS MGRM 10/01/2012

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