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FILED
Dec 09, 2003 8:00 A.M
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETI

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001241

1. Limited Liability Company's Name
LIFESCAN INSTITUTES OF AMERICA, L.L.C.

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
441 NE 4th AVENUE	441 NE 4th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. State/Country of Formation: NEVADA

5. Date Organized or Qualified To Do Business in Florida: JUNE 4, 2001

6. FEI Number: 75-3082411 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: KAGAN, ROBERT L.

Street Address (P.O. Box Number is Not Acceptable): 3122 EAST COMMERCIAL BOULEVARD

Suite, Apt. #, Etc.

City: FORT LAUDERDALE State: FL Zip Code: 33308

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Robert L Kagan Date: 12/4/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KAGAN ROBERT L., M.D.	3122 EAST COMMERCIAL BLVD.	FT. LAUDERDALE, FL 33308

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Robert L Kagan Date: 12/4/04 Daytime Phone#: 954-315-1600

Typed or printed name of signing Managing Member/Manager: ROBERT L. KAGAN, M.D.

2052

Florida Department of State
Division of Corporations
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Account Number : I20020000154
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LIMITED LIABILITY REINSTATEMENT

LIFESCAN INSTITUTES OF AMERICA, L.L.C.

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