2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2005
Secretary of State

DOCUMENT# M01000002205

Entity Name: COMPUTERIZED HEALTH CARE MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

2201 BROOKHOLLOW PLAZA, #450
ARLINGTON, TX 76006

New Principal Place of Business:

Current Mailing Address:

2201 BROOKHOLLOW PLAZA, #450
ARLINGTON, TX 76006

New Mailing Address:

FEI Number: 75-2649689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CARR, LARRY M OWNER
THE VISTAS
4751 BONITA BAY BLVD #2201
BONITA SPRINGS, FL 34134 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: LARRY M. CARR 09/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARR, LARRY M
Address: 2201 BROOKHOLLOW PLAZA, #450
City-St-Zip: ARLINGTON, TX 76006

Title: MGRM ( ) Delete
Name: CARR, SHARON R
Address: 2201 BROOKHOLLOW PLAZA, #450
City-St-Zip: ARLINGTON, TX 76006

Title: MGRM ( ) Delete
Name: SANDERS, CHRIS
Address: 2201 BROOKHOLLOW PLAZA #450
City-St-Zip: ARLINGTON, TX 76006

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: LARRY M CARR MGMR 09/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date