## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M03000002242

City-St-Zip:

AVENTURA, FL 33180

Entity Name: JDJ MEDICAL SUPPLIES, LLC

FILED Oct 31, 2008 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 18851 NE 29 AVENUE SUITE 700 AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** 18851 NE 29 AVENUE SUITE 700 AVENTURA, FL 33180 FEI Number: 95-4810119 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: Name and Address of New Registered Agent: HART, DAVID J ESQ DIAZ, BLANCA 18851 NE 29 AVENUE 21 SE 1 AVENUE, 10TH FLOOR MIAMI, FL 33131 US SUITE 700 AVENTURA, FL 33180 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: BLANCA DIAZ 10/31/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RODRIGUEZ DE DIAZ, BLANCA CECILIA Name: Name: Address: 18851 NE 29 AVENUE, SUITE 700 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MENDEZ, PATRICIA Name: Address: 18851 NE 29 AVENUE, SUITE 700 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIAZ JARAMILLO, JORGE Name: Name: Address: 18851 NE 29 AVENUE, SUITE 700 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: PATRICIA MENDEZ MRS. 10/31/2008