

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000651

Entity Name: MEDSTAR SYSTEMS, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

9600 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3115 NW 10TH TERRACE SUITE 104
FORT LAUDERDALE, FL 33309

Current Mailing Address:

9600 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

3115 NW 10TH TERRACE SUITE 104
FORT LAUDERDALE, FL 33309

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

LALAGUNA, PABLO
1410 POLK STREET
HOLLYWOOD, FL 33020 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: PABLO LALAGUNA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALLS, JUAN CARLOS
Address: 269 WREN CIRCLE
City-St-Zip: ZEPHYR COVE, NY 89448

Title: MGR () Delete
Name: VALLS, EMILIO
Address: 27 FOXHURST LANE
City-St-Zip: MANHASSET, NY 11030

Title: MGR () Delete
Name: LALAGUNA, PABLO
Address: 1410 POLK ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALLS, JUAN CARLOS
Address: 3700 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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 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.

SIGNATURE: EMILIO VALLS

PRES

01/06/2006

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