2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# M05000000354

Entity Name: ULTIMATE MEDICAL ACADEMY, LLC

Current Principal Place of Business:

1218 COURT STREET STE. C
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1218 COURT STREET STE. C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-2000570 **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:

KEMLER, STEVEN
1218 COURT STREET STE. C
CLEARWATER, FL 33756 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: STEVEN KEMLER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	KEMLER, STEVEN	
Address:	1218 COURT STREET STE. C	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	MGR	( ) Delete
Name:	LIFSHULTZ, LOWELL	
Address:	250 PARK AVENUE 12TH FL	
City-St-Zip:	NY, NY 10177	
Title:	MGR	( ) Delete
Name:	BRAKEHILL, SCOTT	
Address:	40 EAST 66TH ST STE. 8B	
City-St-Zip:	NY, NY 10021	
Title:	MRMG	( ) Delete
Name:	NUNZIATA, RAYMOND	
Address:	1218 COURT STREET, STE C	
City-St-Zip:	CLEARWATER, FL 33756	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	MRG	(X) Change ( ) Addition
Name:	LIFSCHULTZ FAMILY IRREVOCABLE TRUST	
Address:	132 OLD ROARING BROOK RD	
City-St-Zip:	MT KISCO, NY 10549	
Title:	MRG	( ) Change (X) Addition
Name:	MANN FAMILY LIMITED PARTNERSHIP	
Address:	10 OLD ROAD LANE	
City-St-Zip:	MT KISCO, NY 10549	

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.

SIGNATURE: STEVEN KEMLER MGR 10/19/2009

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