

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000002311

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** MEDAPPZ, LLC

**Current Principal Place of Business:**

245 NORTH WACO, SUITE 228  
WICHITA, KS 67202

**New Principal Place of Business:**

3020 N CYPRESS  
SUITE 200  
WICHITA, KS 67226

**Current Mailing Address:**

245 NORTH WACO, SUITE 228  
WICHITA, KS 67202

**New Mailing Address:**

3020 N CYPRESS  
SUITE 200  
WICHITA, KS 67226

**FEI Number:** 42-1590583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LICHTIN, JANE M  
3350 NW BOCA RATON BOULEVARD, SUITE A30  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

FA TECHNICAL SOLUTIONS  
6355 NW 36TH STREET  
SUITE 509  
VIRGINIA GARDENS, FL 33166 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: CAROL MATOS

10/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZIELKE, STEVEN L MD  
Address: 223 SOUTH HILLSIDE  
City-St-Zip: WICHITA, KS 67202

Title: MGR ( ) Delete  
Name: LICHTLIN, BRIAN J  
Address: 245 NORTH WACO, SUITE 228  
City-St-Zip: WICHITA, KS 67202

Title: MGR ( ) Delete  
Name: FEIST, JAY  
Address: 245 NORTH WACO, SUITE 501  
City-St-Zip: WICHITA, KS 67202

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LICHTLIN, BRIAN J  
Address: 3020 N CYPRESS, SUITE 200  
City-St-Zip: WICHITA, KS 67226

Title: MGR (X) Change ( ) Addition  
Name: FEIST, JAY  
Address: 3020 N CYPRESS, SUITE 200  
City-St-Zip: WICHITA, KS 67226

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: BRIAN J. LICHTLIN

MGR

10/09/2007

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