2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# M06000000802

Entity Name: ALLEGHENY MEDICAL SYSTEMS LLC

Current Principal Place of Business:

2255 GLADES ROAD, SUITE 212E
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2255 GLADES ROAD, SUITE 212E
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 71-0969027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

MENDIVE & ASSOCIATES, P.A.
250 CATALONIA AVE., SUTIE 705
CORAL GABLES, FL 33134 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: MENDIVE & ASSOCIATES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BALL, ROBERTO J
Address: 2255 GLADES ROAD, SUITE 212E
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete
Name: BALL, LUIS H
Address: 5301 N. FEDERAL HIGHWAY, SUITE 212E
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: BALL, LUIS H
Address: 2255 GLADES RD, SUITE 212E
City-St-Zip: BOCA RATON, FL 33431

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: LUIS BALL MR 10/21/2008

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