

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Jan 05, 2009
Secretary of State**

DOCUMENT# M06000003457

Entity Name: TMS HEALTH, LLC

Current Principal Place of Business:

4950 COMMUNICATION AVE
SUITE 300
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4950 COMMUNICATION AVE
SUITE 300
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-5070669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PAUL V. VIGNEAUX

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHMICKLE, MICHAEL L
Address: 505 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: AMATO, GUY
Address: 4950 COMMUNICATION AVE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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 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: PAUL V. VIGNEAUX

CFO

01/05/2009

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