

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000086583

**Entity Name:** CLINICA DR. RUBIO, LLC

**FILED**  
**Oct 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2114 MANATEE EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2114 MANATEE EAST  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RUBIO, JAIME F M.D.  
18011 PRAIRIE WOLF GLEN  
PARRISH, FL 34219 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: JAIME F. RUBIO, MD

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: DIR  
Name: RUBIO, JAIME F M.D.  
Address: 18011 PRAIRIE WOLF GLEN  
City-St-Zip: PARRISH, FL 34219

Title: MGRM  
Name: RUBIO, WENCY  
Address: 18011 PRAIRIE WOLF GLEN  
City-St-Zip: PARRISH, FL 34219

Title: MGR  
Name: RUBIO, LOURDES A R.D.H.  
Address: 18011 PRAIRIE WOLF GLEN  
City-St-Zip: PARRISH, FL 34219

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JAIME F RUBIO MD

DR

10/05/2014

Electronic Signature of Authorized Person

Date