

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000003200

1. Entity Name
PALM BEACH DIGESTIVE ASSOCIATES, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:32

Principal Place of Business
5130 LINTON BLVD.
SUITE C-1
DELRAY BEACH, FL 33484

Mailing Address
5130 LINTON BLVD.
SUITE C-1
DELRAY BEACH, FL 33484



2. Principal Place of Business - No P.O. Box #
5130 Linton Blvd
Suite, Apt. #, etc.
Suite H-2

3. Mailing Address
5130 Linton Blvd
Suite, Apt. #, etc.
Suite H-2

07312007 REIN-LLC CR2E101 (1/07)

City & State
Delray Beach, FL
Zip 33484 Country USA

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Delray Beach, FL
Zip 33484 Country USA

4. FEI Number 02-0542272 Applied For
25-1902344 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
2424 NORTH FEDERAL HIGHWAY
SUITE 456
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Menkhaus, David J.
Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Rd.
Suite 401
City Boca Raton FL Zip Code 33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David J. Menkhaus

(NOTE: Registered Agent signature required when reinstating)

DATE 7/31/07

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HIRTH, MOSHE
STREET ADDRESS 7798 TENNISON CT.
CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100108704251
08/28/07--01026--018 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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REINSTATEMENT 06-07

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 7/31/07 DAYTIME PHONE 561-638-9533

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.