

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000107228

**FILED**  
**Oct 20, 2011**  
**Secretary of State**

**Entity Name:** SE STRATEGIC HEALTHCARE MANAGEMENT CONSULTING LLC

**Current Principal Place of Business:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

**Current Mailing Address:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

**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:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 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: JACOB VARGHESE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHARY, CLARA F  
Address: 2245 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603 US

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 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: CLARA F. JOHARY

CEO/

10/20/2011

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