

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000004760

**Entity Name:** NATIONWIDE HEALTH NETWORK, LLC

**Current Principal Place of Business:**

4810 SW 4TH STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4810 SW 4TH STREET  
CORAL GABLES, FL 33134 US

**FEI Number:** 02-0552981

**Certificate of Status Desired:** Yes

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

ORIA, MICHAEL ISMAEL  
4810 SW 4TH STREET  
CORAL GABLES, FL 33134 US

*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:** MICHAEL ISMAEL ORIA

10/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           TERRY, JOSE  
Address        2843 SOUTH BAYSHORE DR  
                  UNIT 9E  
City-State-Zip: COCONUT GROVE FL 33133

Title           MANAGER  
Name           ORIA, MICHAEL ISMAEL  
Address        4810 SW 4TH STREET  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           ISMAEL, ORIA  
Address        8340 SW 102 STREET  
City-State-Zip: MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL ISMAEL ORIA

10/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date