

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000093327

**Entity Name:** PRATHER MEDICAL, LLC

**Current Principal Place of Business:**

688 VERONA CT  
WESTON, FL 33326

**Current Mailing Address:**

688 VERONA CT  
WESTON, FL 33326 US

**FEI Number: 45-3012474**

**Certificate of Status Desired:** No

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

LAW OFFICES OF MAX A ADAMS ESQ PLLC  
2151 S LEJEUNE ROAD  
SUITE 306  
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:** MAX A ADAMS ESQ

04/04/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PRATHER, CARRIE JO  
Address 688 VERONA CT  
City-State-Zip: WESTON FL 33326

*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:** CARRIE JO PRATHER

MGRM

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date