

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000037938

**Entity Name:** PRIDE HEALTHCARE SALES CONSULTANTS, LLC

**Current Principal Place of Business:**

908 NE 16TH PLACE  
FT. LAUDERDALE, FL 33305

**Current Mailing Address:**

908 NE 16TH PLACE  
FT. LAUDERDALE, FL 33305 US

**FEI Number:** 45-4840586

**Certificate of Status Desired:** Yes

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

WEISS, WALTER R  
908 NE 16TH PLACE  
FT. LAUDERDALE, FL 33305 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:** WALTER R. WEISS

02/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WEISS, WALTER R  
Address 908 NE 16TH PLACE  
City-State-Zip: FT. LAUDERDALE FL 33305

*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:** WALTER R. WEISS

MGRM

02/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date