

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000052485

Entity Name: DR. MUTO HEALTH SYSTEMS, L.L.C.

Current Principal Place of Business:

2117 49TH STREET NORTH
SAINT PETERSBURG, FL 33710

Current Mailing Address:

7663 CUMBERLAND RD
SEMINOLE, FL 33777 US

FEI Number: 45-5100305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUTO, BRIAN D
7663 CUMBERLAND RD
SEMINOLE, FL 33777 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: BRIAN MUTO

01/05/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUTO, BRIAN D
Address 7663 CUMBERLAND RD
City-State-Zip: SEMINOLE FL 33777

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: BRIAN MUTO

MNG-MBR

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date