

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000145770

**Entity Name:** 5J HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

596 NORTH CYPRESS DR  
TEQUESTA, FL 33469

**Current Mailing Address:**

596 NORTH CYPRESS DR  
TEQUESTA, FL 33469 US

**FEI Number:** 47-1869692

**Certificate of Status Desired:** No

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

SANTOEMMA, JOSEPH J  
596 NORTH CYPRESS DR  
TEQUESTA, FL 33469 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:** JOSEPH SANTOEMMA

02/04/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANTOEMMA, JOSEPH J  
Address 596 NORTH CYPRESS DR  
City-State-Zip: TEQUESTA FL 33469

*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:** JOSEPH SANTOEMMA

OWNER

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date