

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:

SANTOIEEMMA, 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 SANTOIEEMMA

02/04/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANTOIEEMMA, 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 SANTOIEEMMA

OWNER

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date