

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000146724

**Entity Name:** PROHEALTH CONSULTING, LLC

**Current Principal Place of Business:**

4581 WESTON ROAD  
SUITE 215  
WESTON, FL 33331

**Current Mailing Address:**

4581 WESTON ROAD  
SUITE 215  
WESTON, FL 33331

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
4581 WESTON ROAD  
SUITE 215  
WESTON, FL 33331 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:** UNITED STATES CORPORATION AGENTS INC

11/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MANAGER  
Address 4581 WESTON ROAD  
SUITE 215  
City-State-Zip: WESTON FL 33331

*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:** JESSICA COHEN

VP

11/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date