

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000037793

Entity Name: ALVIS FAMILY HEALTH CARE LLC

Current Principal Place of Business:

1898 SW 27 AVE
1
MIAMI, FL 33145

Current Mailing Address:

1898 SW 27 AVE
1
MIAMI, FL 33145 US

FEI Number: 47-3284048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINARES, ALVIS J
1898 SW 27 AVE
1
MIAMI, FL 33145 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: ALVISLINARES

04/05/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OTHER
Name LINARES, ALVISJ
Address 251 NW 39 TH AVE
City-State-Zip: MIAMI FL 33126

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: ALVIS J LINARES

RA

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date