

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000042674

**Entity Name:** NORTH-MEDICAL LLC

**Current Principal Place of Business:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**FEI Number:** 47-3451890

**Certificate of Status Desired:** No

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

CEYLAN, HUSNU  
1221 BRICKELL AVE  
SUITE 900  
MIAMI, FL 33131 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:** HUSNU CEYLAN

02/13/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CEYLAN, HUSNU  
Address 1221 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

*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:** HUSNU CEYLAN

**PRESIDENT & CEO**

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date