

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000005920

**FILED**  
**Oct 30, 2011**  
**Secretary of State**

**Entity Name:** CORAL WAY DIAGNOSTIC & MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

611 NW 34 AVE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 450676  
MIAMI, FL 33245 US

**New Mailing Address:**

611 NW 34 AVE  
MIAMI, FL 33125

**FEI Number:** 65-1095812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, ELIZABETH  
611 NW 34 AVE  
MIAMI, FL 33125 US

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

ALVAREZ, ROBERT JR  
611 NW 34 AVE  
MIAMI, FL 33125 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: RA

10/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PR  
Name: ALVAREZ, ROBERT JR  
Address: 611 NW 34 AVE  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT ALVAREZ

PR

10/30/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date