

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000008567

Entity Name: A.C. MEDICAL CARE, PL

**FILED**  
**Dec 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4698 FOREST HILL BLVD.  
SUITE B  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

4698 FOREST HILL BLVD.  
SUITE B  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 71-0876524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CELESTIN, ILEANA  
2880 PIPER WAY  
WELLINGTON, FL 33414 US

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

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: ILEANA CELESTIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CELESTIN, ANDRE  
Address: 2880 PIPER WAY  
City-St-Zip: WELLINGTON, FL 33414

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: ANDRE CELESTIN

MGRM

12/13/2012

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