

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
05 SEP 29 PM 2:22  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



09282005 REIN-LLC CR2E101 (6/04)

**DOCUMENT # L03000007559**

1. Entity Name  
**DIVERSIFIED MEDICAL CARE, LLC**



Principal Place of Business  
**4800 W. FLAGLER STREET, SUITE 210  
MIAMI, FL 33126**

Mailing Address  
**4800 W. FLAGLER STREET, SUITE 210  
MIAMI, FL 33126**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**NODA, ORLANDO  
4800 W. FLAGLER STREET, SUITE 210  
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X. Noda \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>NODA, ORLANDO</b> <b>4800 W. FLAGLER STREET, SUITE 210</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X. Noda \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

REINSTATEMENT 2005

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