

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054966

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** INTUITION GLOBAL HEALTH CONSULTING, LLC

**Current Principal Place of Business:**

12881 HUNT CLUB ROAD NORTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

12881 HUNT CLUB ROAD NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 20-0539386      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WOODS, JONATHAN D  
SEMPER WOODS, P.A.  
425 WEST COLONIAL DR, STE 204  
ORLANDO, FL 32804 US

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

1-INTUITION GLOBAL HEALTH CONSULTING, LLC  
SEMPER WOODS, P.A.  
425 WEST COLONIAL DR, STE 204  
ORLANDO, FL 32804 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: JOHNTON WOODS

10/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: 1INTUITION GLOBAL HEA, LTH CONSULTING , LLC  
Address: 12881 HUNTCLUB RD N  
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAY KAPUR

CEO

10/19/2004

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