

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000026687

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** REBELLO MEDICAL ASSOCIATES M.D., P.L.

**Current Principal Place of Business:**

13590 SOUTH JOG ROAD #C3  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

13590 SOUTH JOG ROAD #C3  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 27-0082671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** CORPORATE CREATIONS NETWORK INC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** REBELLO, VERNON  
**Address:** 13590 SOUTH JOG ROAD #C3  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** MGR  
**Name:** REBELLO, BRIAN  
**Address:** 13590 SOUTH JOG ROAD #C3  
**City-St-Zip:** DELRAY BEACH, FL 33445

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:** BRIAN REBELLO

MGR

02/02/2011

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