

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000049770

Entity Name: PALMITA MEDICAL, LLC

**FILED**  
**Apr 22, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

3410 TAMiami TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 339511896

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511896  
PUNTA GORDA, FL 339511896

**New Mailing Address:**

2421 SHREVE STREET  
SUITE 115  
PUNTA GORDA, FL 33950

FEI Number: 20-1482521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENDEZ, ELVIN M  
3410 TAMiami TRAIL STE 1  
PORT CHARLOTTE, FL 33952 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: ELVIN M. MENDEZ

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MENDEZ, ELVIN M  
Address: PO BOX 511896  
City-St-Zip: PUNTA GORDA, FL 33951

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ELVIN M. MENDEZ

DR.

04/22/2014

Electronic Signature of Authorized Person

Date