

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000058768

**Entity Name:** CARE PLUS CENTER, LLC

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

**Current Principal Place of Business:**

8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 20-1472775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTANA, JOEL A  
8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 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:** JOEL A QUINTANA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** QUINTANA, JOEL A  
**Address:** 8260 W FLAGLER ST, 2B  
**City-St-Zip:** MIAMI, FL 33144 US

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:** JOEL A QUINTANA

MG

11/13/2012

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