2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 07, 2006
Secretary of State

DOCUMENT# L05000014028

Entity Name: COMPREHENSIVE HEALTH CENTER OF NAPLES, LLC

Current Principal Place of Business:

671 NW 119TH STREET
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

671 NW 119TH STREET
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COMPANY MANAGEMENT SERVICES, LLC
8788 S.W. 8TH STREET
MIAMI, FL 33174 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: SERGIO A. PAGLIERY, MANAGER 11/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOISE, RUDOLPH
Address: 671 NW 119TH STREET
City-St-Zip: NORTH MIAMI, FL 33168

Title: MGR ( ) Delete
Name: CASIMIR, REYNALD
Address: 671 NW 119TH STREET
City-St-Zip: NORTH MIAMI, FL 33168

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RUDOLPH MOISE MGR 11/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date