

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000016176

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** RAYMOND WAYNE WHITTED, MD, MPH, LLC

**Current Principal Place of Business:**

8740 N. KENDALL DRIVE SUITE 101  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

8740 N. KENDALL DRIVE SUITE 101  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 76-0780734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITTED, RAYMOND W  
699 NE 50TH TERRACE  
MIAMI, FL 33137 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: RAYMOND W. WHITTED

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHITTED, RAYMOND W  
Address: 699 NE 50TH TERRACE  
City-St-Zip: MIAMI, FL 33137 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: RAYMOND W. WHITTED

MGRM

11/05/2010

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