

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000026807

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** NEONATAL, INFANT, PEDIATRIC & ADULT ADVANCED HEALTHCARE APPLICATIONS LLC

**Current Principal Place of Business:**

1100 SW 57TH AVE, PENTHOUSE 1  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SW 57TH AVE, PENTHOUSE 1  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-2514434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMJAD, IBRAHIM  
815 NW 57TH AVE SUITE 110  
MIAMI, FL 33126 US

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

AMJAD, IBRAHIM  
1100 SW 57TH AVE PENTHOUSE1  
MIAMI, FL 33144 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: IBRAHIM AMJAD

03/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMJAD, IBRAHIM  
Address: 1100 SW 57TH AVE PENTHOUSE 1  
City-St-Zip: MIAMI, FL 33144

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: IBRAHIM AMJAD

PRES

03/04/2012

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