

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000063424

**Entity Name:** AMELIA MED, LLC

**FILED**  
**Dec 09, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

96279 BRADY PT RD  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

96279 BRADY PT RD  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 32-0153556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATRICIA, DANIEL J  
96279 BRADY POINT RD  
FERNANDINA BEACH, FL 32034 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: DANIEL MATRICIA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: PRES  
Name: MATRICIA, DANIEL J  
Address: 96279 BRADY POINT RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC  
Name: MATRICIA, SUE M  
Address: 96279 BRADY PT RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: DANIEL J. MATRICIA

PRES

12/09/2014

Electronic Signature of Authorized Person

Date