

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000074329

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Entity Name:** PUTNAM HEALTHCARE SERVICES, LLC.

**Current Principal Place of Business:**

4950 WEST KENNEDY BLVD.  
SUITE 101  
TAMPA, FL 33609

**New Principal Place of Business:**

550 NORTH REO STREET  
SUITE 300  
TAMPA, FL 33609 UN

**Current Mailing Address:**

P.O. BOX 26282  
TAMPA, FL 33623

**New Mailing Address:**

550 NORTH REO STREET  
SUITE 300  
TAMPA, FL 33609 UN

**FEI Number:** 20-3215145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INGLETT, ANNA C  
4950 WEST KENNEDY BLVD.  
SUITE 101  
TAMPA, FL 33609 US

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

INGLETT, ANNA C  
550 NORTH REO STREET  
SUITE 300  
TAMPA, FL 33609 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: ANNA INGLETT

04/15/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: INGLETT, ANNA  
Address: 550 NORTH REO STREET SUITE 300  
City-St-Zip: TAMPA, FL 33609 UN

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: ANNA INGLETT

MGR

04/15/2014

Electronic Signature of Authorized Person

Date