

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000111641

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

**Entity Name:** PARADIGM CLINICAL CONSULTANTS LLC

**Current Principal Place of Business:**

8740 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33176 US

**New Principal Place of Business:**

8585 SUNSET DRIVE  
SUITE 108  
MIAMI, FL 33143 US

**Current Mailing Address:**

8740 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33176 US

**New Mailing Address:**

8585 SUNSET DRIVE  
SUITE 108  
MIAMI, FL 33143 US

**FEI Number:** 20-3840280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROIG, ARMANDO  
4850 N 36TH COURT  
HOLLYWOOD, FL 33021 US

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

KLEIN MENDEZ & ROTHBARD, LLC  
2600 S DOUGLAS ROAD  
SUITE 501  
CORAL GABLES, FL 33134 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: EDUARDO MENDEZ

12/15/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: ROIG, ARMANDO  
Address: 4850 N 36TH COURT  
City-St-Zip: HOLLYWOOD, FL 33021 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ARMANDO ROIG

MGRM

12/15/2014

Electronic Signature of Authorized Person

Date