

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000121372

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** MIAMI BEACH HAND AND UPPER EXTREMITY CONSULTANTS, LLC

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 710  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 402866  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 20-5371826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KADIYALA, KUMAR M.D.  
2111 REGATTA AVENUE  
MIAMI BEACH, FL 33140 US

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

KADIYALA, KUMAR M.D.  
4302 ALTON ROAD, SUITE 710  
MIAMI BEACH, FL 33140 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: R K KADIYALA

08/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KADIYALA, KUMAR M.D.  
Address: PO BOX 402866  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: SMITH, STACY M.D.  
Address: PO BOX 402866  
City-St-Zip: MIAMI BEACH, FL 33140

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: R K KADIYALA

MGRM

08/28/2012

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