

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000048678

Entity Name: JABHIM, LLC

**FILED**  
**Jul 28, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

5248 RED CEDAR DRIVE, #102  
FORT MYERS, FL 33907

## **New Principal Place of Business:**

5248 RED CEDAR DRIVE, #102  
#2  
FORT MYERS, FL 33907

## **Current Mailing Address:**

5248 RED CEDAR DRIVE, #102  
FORT MYERS, FL 33907

## **New Mailing Address:**

5248 RED CEDAR DRIVE, #102  
#2  
FORT MYERS, FL 33907

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 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: GUY WHITESMAN

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: DR  
Name: JACOBS, ALLEN T M.D.  
Address: 5248 RED CEDAR DRIVE, #102  
City-St-Zip: FORT MYERS, FL 33907

Title: MGR  
Name: HEMED, IRIT M.D.  
Address: 5248 RED CEDAR DRIVE, #102  
City-St-Zip: FORT MYERS, FL 33907

Title: MGR  
Name: MARTIN, BRIAN G D.O.  
Address: 5248 RED CEDAR DRIVE, #102  
City-St-Zip: FORT MYERS, FL 33907

Title: MD  
Name: ISRAEL-CVIK, JELIN  
Address: 5248 RED CEDAR DR  
City-St-Zip: FORT MYERS, FL 33907

Title: MD  
Name: CVIK, IVAN  
Address: 5248 RED CEDAR DR  
City-St-Zip: FORT MYERS, FL 33907

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: ALLEN JACOBS

MD

07/28/2014

Electronic Signature of Authorized Person

Date