## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000050195

Address:

City-St-Zip:

Entity Name: SALUD AMERICANA, LLC

FILED Sep 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 **Current Mailing Address: New Mailing Address:** 230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 FEI Number: 20-5033383 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEIJOO, ANTONIO FEIJOO, ANTONIO G 230 WESTWARD DRIVE 230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 US MIAMI SPRINGS, FL 33166 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: ANTONIO FEIJOO 09/24/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: ( ) Change (X) Addition FEIJOO, ANTONIO G Name: Name: Address: Address: 230 WESTWARD DRIVE City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: PEREZ, JOSE A Address: Address: 230 WESTWARD DRIVE City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US Title: () Delete Title: MGRM ( ) Change (X) Addition HIRLEMANN, ENRIQUE Name: Name: Address: Address: 230 WESTWARD DRIVE City-St-Zip: City-St-Zip: MIAMI SPRINGS, FL 33166 US Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: ARENTSEN, MATIAS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

230 WESTWARD DRIVE

MIAMI SPRINGS, FL 33166 US

SIGNATURE: JOSE ANGEL PEREZ MGRM 09/24/2007