

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000063551

FILED
Sep 08, 2014
Secretary of State

Entity Name: PRIMARY CARE CENTER OF LYNN HAVEN LLC

Current Principal Place of Business:

825 FLORIDA AVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 1199
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 51-0587478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHATTAK, ASIM J
825 FLORIDA AVE
LYNN HAVEN, FL 32444 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: ASIM KHATTAK

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: KHATTAK, ASIM J
Address: 825 FLORIDA AVE
City-St-Zip: LYNN HAVEN, FL 32444

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: ASIM KHATTAK

MGR

09/08/2014

Electronic Signature of Authorized Person

Date