

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000075715

**FILED**  
**Nov 12, 2013**  
**Secretary of State**

**Entity Name:** HAGHIGHI MEDICAL CENTER, LLC

**Current Principal Place of Business:**

9191 R.G. SKINNER PARKWAY  
SUITE 901  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9191 R.G. SKINNER PARKWAY  
SUITE 901  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-8411897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAGHIGHI, MICHAEL  
3554 WATERCHASE WAY EAST  
JACKSONVILLE, FL 32224 US

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

HAGHIGHI, MICHAEL  
5300 HIDDEN HOLLOW COURT  
JACKSONVILLE, FL 32224 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: MICHAEL HAGHIGHI

11/12/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAGHIGHI, MICHAEL  
Address: 5300 HIDDEN HOLLOW CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM  
Name: PATEL, ROSHNI  
Address: 5300 HIDDEN HOLLOW CT  
City-St-Zip: JACKSONVILLE, FL 32224

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: MICHAEL HAGHIGHI

MGR

11/12/2013

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