

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000092143

**FILED**  
**Oct 12, 2012**  
**Secretary of State**

**Entity Name:** CHILDREN'S HEALTH ASSOCIATES OF MACCLENLY, LLC

**Current Principal Place of Business:**

363 WEST MACCLENLY AVENUE  
MACCLENLY, FL 32063

**New Principal Place of Business:**

124 S 6TH ST  
MACCLENLY, FL 32063

**Current Mailing Address:**

363 WEST MACCLENLY AVENUE  
MACCLENLY, FL 32063

**New Mailing Address:**

124 S 6TH ST  
MACCLENLY, FL 32063

**FEI Number:** 59-3110670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLOWES, BORDEN R ESQ.  
157 HAMPTON POINT DRIVE, SUITE 3  
ST. AUGUSTINE, FL 32092 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:** MERVET MCGOWAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ASSI, JOHN M M.D.  
**Address:** 124 S 6TH ST  
**City-St-Zip:** MACCLENLY, FL 32063

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:** MERVET MCGOWAN

HR

10/12/2012

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