

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000092145

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

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

**Current Principal Place of Business:**

1522 EMERSON STREET  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1522 EMERSON STREET  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**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: 1522 EMERSON STREET  
City-St-Zip: JACKSONVILLE, FL 32207

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