# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000025170

1. Entity Name
HEISHA MEDICAL & THERAPY CENTER LLC

FILED
09 JUN 18 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06112009 REIN-LLC CR2E101 (1/07)

Principal Place of Business
9720 N. ARMENIA AVE. SUITE G
TAMPA, FL 33612

Mailing Address
9720 N. ARMENIA AVE. SUITE G
TAMPA, FL 33612

3. Mailing Address
4620 N. Habana Ave
Suite # 202
Tampa, FL
33614

Suite, Apt. #, etc.
Same

City & State

Country | Zip | Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & ULTERA PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: Yaima Thaureaux
Street Address (P.O. Box Number is Not Acceptable): 4620 N. Habana Ave # 202
City: Tampa FL Zip Code: 33614

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 6/12/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGRT ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | PEREZ, LEONARDO | NAME | 100157434601 |
| STREET ADDRESS | 1514 WEST CLINTON STREET | STREET ADDRESS | 06/19/09--01005--014 **277.50 |
| CITY-ST-ZIP | TAMPA, FL 33604 | CITY-ST-ZIP | |
| TITLE | MGR ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | REINA, HEIDY | NAME | |
| STREET ADDRESS | 1514 WEST CLINTON STREET | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33604 | CITY-ST-ZIP | |
| TITLE | MGR ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CRESPO, OSMANI | NAME | |
| STREET ADDRESS | 1514 WEST CLINTON STREET | STREET ADDRESS | S. HAWKES |
| CITY-ST-ZIP | TAMPA, FL 33604 | CITY-ST-ZIP | |
| TITLE | S ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | AGOSTO, SARAH | NAME | JUN 19 2009 |
| STREET ADDRESS | 1514 WEST CLINTON STREET | STREET ADDRESS | EXAMINER |
| CITY-ST-ZIP | TAMPA, FL 33604 | CITY-ST-ZIP | |
| TITLE | T ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | PEREZ, LEONARDO | NAME | |
| STREET ADDRESS | 1514 WEST CLINTON STREET | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33604 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | Yaima Thaureaux ☐ Change ☒ Addition |
| NAME | | NAME | |
| STREET ADDRESS | 2008-09 | STREET ADDRESS | 4620 N. Habana Ave Suite 202 |
| CITY-ST-ZIP | | CITY-ST-ZIP | Tampa, FL 33614 |

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions con[illegible] ertify that the information indicated on this report is true and accurate and that my signature shall have the same legal effec[illegible] mber or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by [illegible]

**SIGNATURE:** _____ 6/11/09 (786) 370 9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #