

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000035173

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** FNS LLC

**Current Principal Place of Business:**

5786 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

5786 SUGARCANE LANE  
LAKE WORTH, FL 33449 US

**New Mailing Address:**

**FEI Number:** 20-8804788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMED, FAROOQ  
4562 HUNTING TRAIL  
LAKE WORTH, FL 33467 US

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

SHAHZAD, KHAN  
5786 SUGARCANE  
LAKE WORTH, FL 33449 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: SHAHZAD KHAN

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAHZAD KHAN MD PA  
Address: 5786 SUGARCANE  
City-St-Zip: LAKE WORTH, FL 33449 US

Title: MGR  
Name: FAROOQ AHMED MD  
Address: 4562 HUNTING TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR  
Name: NEMAT, EJAZ  
Address: 334 OCTOBER STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: THE CLINIC LLC  
Address: 319 SEPTEMBER STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: SHAHZAD KHAN

MGRM

10/01/2012

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