

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000038192

**FILED**  
**Feb 06, 2009**  
**Secretary of State**

**Entity Name:** CHOICE HEALTH DIRECT, LLC

**Current Principal Place of Business:**

3350 NW 22ND TERRACE  
200B  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

1050 SOUTH FEDERAL HIGHWAY  
127  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

3350 NW 22ND TERRACE  
200B  
POMPANO BEACH, FL 33069

**New Mailing Address:**

1050 SOUTH FEDERAL HIGHWAY  
127  
DELRAY BEACH, FL 33483

**FEI Number:** 20-8896828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SCHWIMMER, LONNIE  
3350 N.W. 22ND TERRACE  
200B  
POMPANO BEACH, FL 33069 US

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

SCHWIMMER, LONNIE  
1050 SOUTH FEDERAL HIGHWAY  
127  
DELRAY BEACH, FL 33483 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:** LONNIE SCHWIMMER

02/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** PAWCATUCK INVESTMENT, S LLC  
**Address:** 703 GOLF COURT  
**City-St-Zip:** DELRAY BEACH, FL 33496

**Title:** MGR      ( ) Delete  
**Name:** DENKER, MATTHEW  
**Address:** 2593 N.W. 53RD DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** MGR      ( ) Delete  
**Name:** DENKER, WAYNE  
**Address:** 2593 N.W. 53RD DRIVE  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** MGR      ( ) Delete  
**Name:** APPELL, ANDREW  
**Address:** 180 WILLOW ROAD  
**City-St-Zip:** WOODSBURGH, NY 11598

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** LONNIE SCHWIMMER

MNGR

02/06/2009

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