

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000112273

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** TRI-COUNTY MEDICAL MANAGEMENT & CAREER INSTITUTE, LLC

**Current Principal Place of Business:**

1790 N.W. 56TH AVE.  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9606  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 26-1270811      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

ROBINSON, CYNTHIA L MGR  
1790 NW 56 AVENUE  
LAUDERHILL, FL 33313 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: CYNTHIA ROBINSON

02/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROBINSON, CYNTHIA  
Address: 1790 N.W. 56TH AVE.  
City-St-Zip: LAUDERHILL, FL 33313

Title: VMGR  
Name: GROOVER, LYNDIA  
Address: 2751 NW 47 LANE  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: MGRM  
Name: GROOVER, LYNDIA  
Address: 2751 NW 47 LANE  
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: CYNTHIA ROBINSON

MGR

02/26/2010

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