

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000058897

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** MITHRA HEALTH CLINICS LLC

**Current Principal Place of Business:**

1882 BRICKELL AVE  
MIAMI, FL 33129 US

**New Principal Place of Business:**

**Current Mailing Address:**

1882 BRICKELL AVE  
MIAMI, FL 33129 US

**New Mailing Address:**

**FEI Number:** 26-2817907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEDICI, JEAN-AIME  
1882 BRICKELL AVE  
MIAMI, FL 33129 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:** JEAN MEDICI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MEDICI, JEAN-AIME  
**Address:** 1882 BRICKELL AVE  
**City-St-Zip:** MIAMI, FL 33129 US

**Title:** MGRM  
**Name:** MCCANDLISH, RON  
**Address:** 1882 BRICKELL AVE  
**City-St-Zip:** MIAMI, FL 33129 US

**Title:** MGRM  
**Name:** ANTONIO, GRECO  
**Address:** 1882 BRICKELL AVE  
**City-St-Zip:** MIAMI, FL 33129 US

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:** JEAN-AIME MEDICI

MR

11/09/2010

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