

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000084519

**Entity Name:** IDEAL FAMILY HEALTH, LLC

**FILED**  
**Nov 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4410 W 16 AVE #56  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4410 W 16 AVE #56  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 26-3326601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERNANDEZ, DR. OTNIEL  
4410 W 16 AVE #56  
HIALEAH, FL 33012 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:** OTNIEL HERNANDEZ

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** CEO  
**Name:** HERNANDEZ, DR. OTNIEL  
**Address:** 4410 W 16 AVE # 56  
**City-St-Zip:** HIALEAH, FL 33012

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** OTNIEL HERNANDEZ

CEO

11/04/2014

Electronic Signature of Authorized Person

Date