

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000006635

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** ONEPATH PRACTICE MANAGEMENT ADVISORS, LLC

**Current Principal Place of Business:**

6257 DONNINGTON CT  
SARASOTA, FL 34238

**New Principal Place of Business:**

5020 CLARK ROAD  
108  
SARASOTA, FL 34233

**Current Mailing Address:**

6257 DONNINGTON CT  
SARASOTA, FL 34238

**New Mailing Address:**

5020 CLARK ROAD  
SUITE 108  
SARASOTA, FL 34233

**FEI Number:** 80-0576578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STOLZ, BENJAMIN A  
6257 DONNINGTON CT  
SARASOTA, FL 34238 US

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

STOLZ, BENJAMIN A  
5020 CLARK ROAD  
SUITE 108  
SARASOTA, FL 34233 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: BENJAMIN STOLZ

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STOLZ, BENJAMIN  
Address: 205 BENTON DR.  
City-St-Zip: ALLEN, TX 75013

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: BENJAMIN A. STOLZ

MGR

09/30/2013

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