

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000025666

FILED
Jul 22, 2014
Secretary of State

Entity Name: CENTERPOINT MEDICAL, L.L.C.

Current Principal Place of Business:

4152 WEST BLUE HERON BLVD
SUITE 123
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

13420 DOUBLETREE CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 94-3472870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ALFRED A
13420 DOUBLETREECIRCLE
WELLINGTON, FL 33414 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: ALFRED WALKER

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: WALKER, MONICA A
Address: 4152 WEST BLUE HERON BLVD SUITE 123
City-St-Zip: RIVIERA BEACH, FL 33404

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: MONICA WALKER

MGR

07/22/2014

Electronic Signature of Authorized Person

Date