

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000034565

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** SUPREME THERAPEUTIC MEDICAL CENTER, LLC

**Current Principal Place of Business:**

2111 10TH AVENUE  
STE 2111  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 US

**Current Mailing Address:**

2111 10TH AVENUE  
STE 2111  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 US

**FEI Number:** 26-4651998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEONARD, YVES  
2111 10TH AVENUE  
STE 2111  
LAKE WORTH, FL 33461 US

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

LEONARD, YVES  
2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 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: YVES LEONARD

10/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRG  
Name: PIERRE PHILIPPE, NICOLAS  
Address: 14895 SW 63RD STREET  
City-St-Zip: MIAMI, FL 33193 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: YVES LEONARD

MGRM

10/14/2010

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