

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000043307

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** FUSION HEALTH LLC

**Current Principal Place of Business:**

12 S.E. 1ST AVENUE  
302  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

12 S.E. 1ST AVENUE  
302  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

5463 ENCLAVE CROSSING WAY  
C4  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

5463 ENCLAVE CROSSING WAY  
C4  
DELRAY BEACH, FL 33484 US

**FEI Number:** 27-0230578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

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

SMRTKA, JENNIFER M  
5463 ENCLAVE CROSSING WAY  
C4  
DELRAY BEACH, FL 33484 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: JENNIFER M. SMRTKA

01/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMRTKA, JENNIFER  
Address: 5463 ENCLAVE CROSSING WAY #C4  
City-St-Zip: DELRAY BEACH, FL 33484 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: JENNIFER M. SMRTKA

MS

01/17/2012

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