

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000058038

Entity Name: FL HEALTH SYSTEM LLC

**FILED**  
**Oct 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6347 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

5609 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

**Current Mailing Address:**

6347 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

**New Mailing Address:**

5609 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

FEI Number: 27-0386751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MITCHELL, NATHANIEL  
6347 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

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

MITCHELL, NATHANIEL  
5609 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 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: NATHANIEL MITCHELL

10/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MITCHELL, NATHANIEL  
Address: 5609 SOUTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGR  
Name: MITCHELL, SHARON  
Address: 5609 SOUTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32809 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: NATHANIEL MITCHELL

MGR

10/28/2010

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