

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000065865

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Entity Name:** DRESNICK HEALTHCARE ADVISORS, LLC

**Current Principal Place of Business:**

5901 SW 74TH STREET  
#408  
MIAMI, 33143

**New Principal Place of Business:**

5901 SW 74TH STREET  
#408  
MIAMI, FL 33143

**Current Mailing Address:**

5901 SW 74TH STREET  
#408  
MIAMI, 33143

**New Mailing Address:**

5901 SW 74TH STREET  
#408  
MIAMI, FL 33143

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

DRESNICK, STEPHEN J MD  
5901 SW 74TH STREET  
SUITE # 408  
MIAMI, FL 33143 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: STEPHEN J DRESNICK MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DRESNICK, STEPHEN J MD  
Address: 5901 SW 74TH STREET SUITE 408  
City-St-Zip: MIAMI, FL 33143 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: STEPHEN J. DRESNICK MD

MGRM

11/02/2010

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