

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000096633

**FILED**  
**Jul 25, 2014**  
**Secretary of State**

**Entity Name:** BOCA HEALTH, LLC

**Current Principal Place of Business:**

1601 CLINT MOORE ROAD  
SUITE 178  
BOCA RATON, FL 33487 PB

**New Principal Place of Business:**

**Current Mailing Address:**

1601 CLINT MOORE ROAD  
SUITE 178  
BOCA RATON, FL 33487 PB

**New Mailing Address:**

**FEI Number:** 27-1097481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHLOSSER, MARC  
1601 CLINT MOORE ROAD  
178  
BOCA RATON, FL 33487 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:** MARC SCHLOSSER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** SCHLOSSER, MARC  
**Address:** 1601 CLINT MOORE ROAD, SUITE 178  
**City-St-Zip:** BOCA RATON, FL 33487 PB

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:** PAUL MAHOWALD

COO

07/25/2014

Electronic Signature of Authorized Person

Date