

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000008424

FILED
Jul 11, 2012
Secretary of State

Entity Name: CV&D HEALTHCARE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

4450 WILLSCARLET RD
JACKSONVILLE, FL 32208

New Principal Place of Business:

10137 LANCASHIRE DRIVE
JACKSONVILLE, FL 32219

Current Mailing Address:

4450 WILLSCARLET RD
JACKSONVILLE, FL 32208

New Mailing Address:

10137 LANCASHIRE DRIVE
JACKSONVILLE, FL 32219

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, SANTANA W
221 N. HOGAN ST.
#334
JACKSONVILLE, FL 32202 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: SANTANA JOHNSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LEWIS, VERONICA M
Address: 4450 WILLSCARLET RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR
Name: WASHINGTON, DIONE
Address: 10137 LANCASHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGR
Name: NKENGLA, CHO
Address: 8787 SOUTHSIDE BLVD. #3710
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR
Name: WASHINGTON, ANDRE
Address: 6619 CRYSTAL RIVER RD
City-St-Zip: JACKSONVILLE, FL 32219

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: VERONICA LEWIS

MGR

07/11/2012

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