

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000008674

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** DAVINCI MEDICAL ASSOCIATES, M.D. P.L.

**Current Principal Place of Business:**

13590 SOUTH JOG ROAD C3  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13590 SOUTH JOG ROAD C3  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 27-1725047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** VERNON REBELLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** REBELLO, VERNON  
**Address:** 13590 SOUTH JOG ROAD C3  
**City-St-Zip:** DELRAY BEACH, FL 33446

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:** VERNON REBELLO

MGR

03/09/2012

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