

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000012004

**FILED**  
**Dec 21, 2012**  
**Secretary of State**

**Entity Name:** NEXT LEVEL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

4644 HARTS BROOK LANE  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731  
MANGO, FL 33550

**New Mailing Address:**

**FEI Number:** 01-0947825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, MARQUS  
4644 HARTS BROOK LANE  
MULBERRY, FL 33860 US

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

LOVETT, FOSTER  
3022 ANNADALE CIRCLE  
TAMPA, FL 33603 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: FOSTER LOVETT

12/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: JOHNSON, MARQUS B  
Address: 4644 HART BROOK LN  
City-St-Zip: MULBERRY, FL 33860

Title: VP  
Name: JOHNSON, SAMUEL  
Address: 2422 EAST EMMA STREET  
City-St-Zip: TAMPA, FL 33603

Title: T  
Name: JOHNSON, CARMAN  
Address: 2422 EAST EMMA STREET  
City-St-Zip: TAMPA, FL 33603

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: MARQUS JOHNSON

P

12/21/2012

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