

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000025613

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** PEDIATRIC PREVENTIVE MEDICINE, LLC

**Current Principal Place of Business:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

14201 WEST SUNRISE BLVD.,  
SUITE 107  
SUNRISE, FL 33323 US

**Current Mailing Address:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323 US

**New Mailing Address:**

14201 WEST SUNRISE BLVD.,  
SUITE 107  
SUNRISE, FL 33323 US

**FEI Number:** 27-5236442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLE, APRIL I  
3101 N. FEDERAL HIGHWAY, SUITE 401  
FORT LAUDERDALE, FL 33306 US

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

HALLE, APRIL I  
3101 N. FEDERAL HIGHWAY  
SUITE 401  
FORT LAUDERDALE, FL 33306 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: APRIL I. HALLE

10/03/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM

Name: HALLE, MICHAEL

Address: 14201 WEST SUNRISE BLVD., SUITE 107

City-St-Zip: SUNRISE, FL 33323 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL HALLE

PRES

10/03/2014

Electronic Signature of Authorized Person

Date