

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000029376

**FILED
Apr 30, 2012
Secretary of State**

Entity Name: INTEGRATED HEALTHCARE CONSULTING LLC

Current Principal Place of Business:

501 MIRASOL CIR
507
CELEBRATION, FL 34747 US

New Principal Place of Business:

2240 BELLA VISTA WAY
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

P O BOX 110238
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 27-2119032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, ASHLEY M
507 MIRASOL CIR
507
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

MATHEWS, ASHLEY M
2240 BELLA VISTA WAY
PORT ST LUCIE, FL 34952 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: ASHLEY M MATHEWS

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MATHEWS, ASHLEY M
Address: 2240 BELLA VISTA WAY
City-St-Zip: BELLA VISTA WAY, FL 34952 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 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: ASHLEY M MATHEWS

MGRM

04/30/2012

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