

# **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