

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000044091

Entity Name: RAFAEL M. NUNEZ MD LLC

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

**Current Principal Place of Business:**

2933 BAY CITY TERRACE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2083  
FORT DEFIANCE, AZ 865042083

**New Mailing Address:**

CMR 402, BOX 1124  
APO, AE 09180

FEI Number: 27-2510055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

RAFAEL, NUNEZ  
2933 BAY CITY TER  
NORTH PORT, FL 34286 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: RAFAEL NUNEZ

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NUNEZ, RAFAEL M  
Address: 2933 BAY CITY TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGR  
Name: NUNEZ-LIMAN, ANNE  
Address: 2933 BAY CITY TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: S  
Name: NUNEZ, RAFAEL M  
Address: 2933 BAY CITY TERRACE  
City-St-Zip: NORTH PORT, FL 34286

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: RAFAEL NUNEZ

MGR

04/30/2012

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