

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000063869

**FILED**  
**Dec 06, 2012**  
**Secretary of State**

**Entity Name:** HEALTHNOW FAMILY PRACTICE LLC

**Current Principal Place of Business:**

2086 GULF TO BAY BLVD  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2086 GULF TO BAY BLVD  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 27-2883219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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: KATHLEEN HUYEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HUYEN, KATHLEEN  
Address: 2086 GULF TO BAY BLVD  
City-St-Zip: CLEARWATER, FL 33765 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: KATHLEEN HUYEN

MGR

12/06/2012

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