

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000091568

Entity Name: ALLIANCE MED-ICO, LLC

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

442 SW 8 AVE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

442 SW 8 AVE  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 27-3378757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICOLAS, MARICELA  
442 SW 8 AVE  
MIAMI, FL 33130 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: MARICELA NICOLAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NICOLAS, MARICELA  
Address: 442 SW 8 AVE  
City-St-Zip: MIAMI, FL 33130

Title: MGRM  
Name: NICOLAS, RUBEN H  
Address: 442 SW 8 AVE  
City-St-Zip: MIAMI, FL 33130

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: MARICELA NICOLAS

MGR

01/26/2012

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