

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000104655

**FILED**  
**Nov 14, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN ANGEL MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

5944 LA COSTA DR  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

5944 LA COSTA DR  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 27-3607981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAGDALENA JOY, CABRAL  
5944 LA COSTA DRIVE  
ORLANDO, FL 32807 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:** MAGDALENA JOY CABRAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JOSE ANGELO, CABRAL  
**Address:** 5221 BRIAN BLVD  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** MGR  
**Name:** MAGDALENA JOY, CABRAL  
**Address:** 5944 LA COSTA DRIVE  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** MGRM  
**Name:** JOSE, CABRAL V  
**Address:** 5944 LA COSTA DRIVE  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** MGRM  
**Name:** MADELAINE, CABRAL  
**Address:** 5944 LA COSTA DRIVE  
**City-St-Zip:** ORLANDO, FL 32807

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:** MAGDALENA JOY CABRAL

MGR

11/14/2011

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