

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000113174

**FILED**  
**Apr 04, 2014**  
**Secretary of State**

**Entity Name:** ACCESS HEALTH INSURANCE, LLC

**Current Principal Place of Business:**

2250 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33431

**New Principal Place of Business:**

40 SE 5TH STREET  
600  
BOCA RATON, FL 33432

**Current Mailing Address:**

2250 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33431

**New Mailing Address:**

40 SE 5TH STREET  
600  
BOCA RATON, FL 33432

**FEI Number:** 26-3824466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMICO, ROY THOMAS  
2250 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33431 US

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

MEDGEBOW, JOEL  
4171 W, HILLSBORO BLVD  
STE 9  
COCONUT CREEK, FL 33073 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: JOEL MEDGEBOW

04/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: COLON, PEDRO J  
Address: 40 SE 5TH STREET. STE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: GUEDES, JORGE  
Address: 40 SE 5TH STREET. STE 600  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: THEODORE, GEORGE  
Address: 40 SE 5TH STREET. STE 600  
City-St-Zip: BOCA RATON, FL 33432

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: PEDRO COLON

MGRM

04/04/2014

Electronic Signature of Authorized Person

Date