

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000030258

**FILED**  
**Apr 12, 2013**  
**Secretary of State**

**Entity Name:** PALM BEACH MEDICAL MANAGEMENT ASSOCIATES LLC

**Current Principal Place of Business:**

3540 SOUTH OCEAN BLVD  
APT 807  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

3540 SOUTH OCEAN BLVD  
APT 807  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

PILLAI, MOHAN K  
3540 SOUTH OCEAN BLVD  
APT 807  
PALM BEACH, FL 33840 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: MOHANKPILLAI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PILLAI, MOHAN K  
Address: 3540 SOUTH OCEAN BLVD, APT 807  
City-St-Zip: PALM BEACH, FL 33480

Title: MGR  
Name: SHARMA, RANJITA  
Address: 1431 FLAGLER PARKWAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: MOHANKPILLAI

MGRM

04/12/2013

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