

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000034569

**FILED**  
**Sep 02, 2014**  
**Secretary of State**

**Entity Name:** FRONTLINE HEALTH SERVICES LLC

**Current Principal Place of Business:**

304 W MAIN STREET  
304B  
BOWLING GREEN, FL 33834 US

**New Principal Place of Business:**

304 W MAIN STREET  
304  
BOWLING GREEN, FL 33834 US

**Current Mailing Address:**

304 W MAIN STREET  
304B  
BOWLING GREEN, FL 33834 US

**New Mailing Address:**

304 W MAIN STREET  
304  
BOWLING GREEN, FL 33834 US

**FEI Number:** 32-0348353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATANDA, JAMES O  
304 W MAIN STREET STE 304B  
BOWLING GREEN, FL 33834 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: JAMES, ATANDA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: ATANDA, JAMES O  
Address: 304 W MAIN STREET STE 304B  
City-St-Zip: BOWLING GREEN, FL 33834 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JAMES, ATANDA

MGR

09/02/2014

Electronic Signature of Authorized Person

Date