

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000036228

**FILED**  
**Feb 07, 2013**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HEALTHCARE PARTNERS OF FLORIDA, LLC.

**Current Principal Place of Business:**

15757 PINES BOULEVARD,  
SUITE 300  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**Current Mailing Address:**

15757 PINES BOULEVARD,  
SUITE 300  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 45-1203710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALVAREZ, MARIE  
15757 PINES BOULEVARD  
SUITE 300  
PEMBROKE PINES, FL 33027 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: MARIE ALVAREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALVAREZ, MARIE  
Address: 15757 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33027

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: MARIE ALVAREZ

MGR

02/07/2013

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