

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000036896

**FILED**  
**Nov 20, 2012**  
**Secretary of State**

**Entity Name:** UNITED AMERICAN HEALTH PLAN LLC

**Current Principal Place of Business:**

1436 EAST ATLANTIC BLVD., SUITE P  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

8601 NW 34TH PLACE  
SUITE 106A  
SUNRISE, FL 33351 US

**Current Mailing Address:**

1436 EAST ATLANTIC BLVD., SUITE P  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

8601 NW 34TH PLACE  
SUITE 106A  
SUNRISE, FL 33351 US

**FEI Number:** 45-1145679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

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

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES  
2787 E OAKLAND PARK BLVD  
SUITE 204  
FORT LAUDERDALE, FL 33306 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: YVETTE RASHID

11/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUSK, CLAYTON  
Address: 8601 NW 34 PLACE, UNIT 106A  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM  
Name: ROMERO, MICHAEL  
Address: 8601 NW 34 PLACE, UNIT 106A  
City-St-Zip: SUNRISE, FL 33351 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 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: CLAYTON HUSK

MGRM

11/20/2012

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