

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000045939

**Entity Name:** HEALTH TOWER II LLC

**FILED**  
**Oct 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

701 BRICKELL AVE STE 2040  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVE STE 2040  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 45-1774492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBERA, HERVE  
701 BRICKELL AVE STE 2040  
MIAMI, FL 33131 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:** HERVE BRBERA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BARBERA, HERVE  
**Address:** 701 BRICKELL AVE STE 2040  
**City-St-Zip:** MIAMI, FL 33131

**Title:** MGR  
**Name:** BARBERA, JACQUES  
**Address:** 701 BRICKELL AVE STE 2040  
**City-St-Zip:** MIAMI, FL 33131

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:** HERVE BARERA

MGR

10/04/2012

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