

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000047360

FILED
Aug 13, 2013
Secretary of State

Entity Name: MACHARA HEALTH CENTER LLC.

Current Principal Place of Business:

2809 NORTH POWERS DRIVE
SUITE O
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2809 NORTH POWERS DRIVE
SUITE O
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 45-2155344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACHARA, KATHERINE
3245 POST STREET
DELTONA, FL 32738 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: KATHERINE MACHARA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MACHARA, KATHERINE
Address: 2809 NORTH POWERS DRIVE, STE. O
City-St-Zip: ORLANDO, FL 32818

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: KATHERINE MACHARA

MGR

08/13/2013

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