

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000057049

**FILED**  
**Dec 20, 2013**  
**Secretary of State**

**Entity Name:** DILIGENCKA MEDICAL BILLING AND SERVICES, LLC

**Current Principal Place of Business:**

15351 SW 144 ST  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15351 SW 144 ST  
MIAMI, FL 33196

**New Mailing Address:**

P.O. BOX 961479  
MIAMI, FL 33296

**FEI Number:** 45-2450835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOURRAINE, ERICKA T  
15351 SW 144 ST  
MIAMI, FL 33196 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: ERICKA BOURRAINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOURRAINE, ERICKA T  
Address: 15351 SW 144 ST  
City-St-Zip: MIAMI, FL 33196 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: ERICKA BOURRAINE

MGR

12/20/2013

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