

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000075574

**FILED**  
**Oct 11, 2012**  
**Secretary of State**

**Entity Name:** COSTA HEALTH CENTER, LLC.

**Current Principal Place of Business:**

279 NW 82 AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5979 NW 151 STREET #240  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 27-4825214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROZENCWAIG, LESLIE A ESQ  
301 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 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:** LESLIE ROZENCWAIG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PEREZ, CARLOS  
**Address:** 279 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33126

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:** CARLOS PEREZ

PRES

10/11/2012

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