

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000082637

FILED
Apr 30, 2013
Secretary of State

Entity Name: FAMWELL HEALING CENTER, LLC

Current Principal Place of Business:

11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176

New Mailing Address:

FEI Number: 45-2771289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, AILEEN
11160 SW 88 STREET
SUITE 100
MIAMI, FL 33176 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: AILEEN NUNEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NUNEZ, AILEEN
Address: 11160 SW 88 STREET SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: NUNEZ, MODESTO T
Address: 11160 SW 88 STREET SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: NUNEZ, DANIEL T
Address: 11160 SW 88 STREET SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: NUNEZ, MICHAEL A
Address: 11160 SW 88 STREET SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: NUNEZ, KATRINA C
Address: 11160 SW 88 STREET SUITE 100
City-St-Zip: MIAMI, FL 33176

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: AILEEN NUNEZ

PRES

04/30/2013

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