

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000084056

**FILED**  
**Feb 26, 2014**  
**Secretary of State**

**Entity Name:** HEALTHCARE PROPERTIES DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

34 KEYES COURT  
SANFORD, FL 32773

**New Principal Place of Business:**

244 O'BRIEN ROAD  
FERN PARK, FL 32730

**Current Mailing Address:**

1057 HILLSBORO MILE  
#224  
HILLSBORO BEACH, FL 33062

**New Mailing Address:**

P.O. BOX 5767  
LIGHTHOUSE POINT, FL 33074

**FEI Number:** 45-4706335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARS, ROBERT  
1057 HILLSBORO MILE  
#224  
HILLSBORO BEACH, FL 33062 US

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

KARS, ROBERT  
244 O'BRIEN ROAD  
FERN PARK, FL 32730 US

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: ROBERT KARS

02/26/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: KARS, ROBERT  
Address: P.O. BOX 5767  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: MGRM  
Name: MOSS, RICHARD  
Address: P.O. BOX 5767  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ROBERT KARS

MGRM

02/26/2014

Electronic Signature of Authorized Person

Date