

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000093837

**FILED**  
**Oct 29, 2012**  
**Secretary of State**

**Entity Name:** MEDHEALTH RESOURCES LLC

**Current Principal Place of Business:**

3018 SW 17TH STREET  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

3018 SW 17TH STREET  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 45-3007225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VELASQUEZ, GABRIEL  
3018 SW 17TH STREET  
MIAMI, FL 33145 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:** GABRIEL VELASQUEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VELASQUEZ, GABRIEL  
**Address:** 3018 SW 17TH STREET  
**City-St-Zip:** MIAMI, FL 33145

**Title:** MGRM  
**Name:** VELASQUEZ, PEDRO  
**Address:** 3018 SW 17TH STREET  
**City-St-Zip:** MIAMI, FL 33145

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:** PEDRO VELASQUEZ

MGRM

10/29/2012

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