

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000098330

Entity Name: IMPERIAL MEDICAL, LLC

**FILED**  
**May 07, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

1451 W. CYPRESS CREEK BLVD  
SUITE 300  
FT. LAUDERDALE, FL 33309

## **New Principal Place of Business:**

6750 N ANDREWS AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309

## **Current Mailing Address:**

1451 W. CYPRESS CREEK BLVD  
SUITE 300  
FT. LAUDERDALE, FL 33309

## **New Mailing Address:**

6750 N ANDREWS AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309

FEI Number: 45-3130310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCANLAN, PAT  
1451 W. CYPRESS CREEK BLVD  
SUITE 300  
FT. LAUDERDALE, FL 33309 US

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

SCANLAN, PAT  
6750 N ANDREWS AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309 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: PAT SCANLAN

05/07/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCANLAN, PAT  
Address: 6750 N ANDREWS AVE , STE 200  
City-St-Zip: FT LAUDERDALE, FL 33309

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: PAT SCANLAN

MGRM

05/07/2013

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