

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000101952

Entity Name: MEDICI INSTITUTE, LLC

FILED
Feb 24, 2014
Secretary of State

Current Principal Place of Business:

20950 NE 27TH COURT
203
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20950 NE 27TH COURT
203
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSEN SWITKES & ENTIN P.L.
407 LINCOLN ROAD
PH SE
MIAMI BEACH, FL 33139 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: ROSEN SWITKES & ENTIN P.L.

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: GALLERANI, ALBERTO S M.D.
Address: 20950 NE 27TH COURT, #203
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR
Name: BOGER, MARYANN B
Address: 20950 NE 27TH COURT, #203
City-St-Zip: AVENTURA, FL 33180 US

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: MARYANN B. BOGER

CEO

02/24/2014

Electronic Signature of Authorized Person

Date