

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000110403

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** THE DIMINISHED VALUE CLINIC, LLC

**Current Principal Place of Business:**

799 BRICKELL PLAZA, STE 703  
MIAMI, FL 33131

**New Principal Place of Business:**

799 BRICKELL PLAZA  
702  
MIAMI, FL 33131

**Current Mailing Address:**

799 BRICKELL PLAZA, STE 703  
MIAMI, FL 33131

**New Mailing Address:**

799 BRICKELL PLAZA  
702  
MIAMI, FL 33131

**FEI Number:** 45-3598297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDUARDO E. NERET, P.A.  
799 BRICKELL PLAZA, STE 703  
MIAMI, FL 33131 US

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

EDUARDO E. NERET, P.A.  
799 BRICKELL PLAZA  
702  
MIAMI, FL 33131 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: EDUARDO E. NERET

10/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EDUARDO E. NERET, P.A.  
Address: 799 BRICKELL PLAZA, STE 702  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: JAVIER A. FINLAY, P.A.  
Address: 799 BRICKELL PLAZA, STE 702  
City-St-Zip: MIAMI, FL 33131

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: JAVIER A. FINLAY

MGRM

10/05/2012

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