

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000120063

**FILED**  
**May 01, 2014**  
**Secretary of State**

**Entity Name:** PRO-FICIENT HEALTHCARE SYSTEM CONSULTING, LLC

**Current Principal Place of Business:**

4372 SW 132ND WAY  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

14746 SW 12STREET  
PEMBROKE PINES, FL 33027 US

**Current Mailing Address:**

4372 SW 132ND WAY  
MIRAMAR, FL 33027 US

**New Mailing Address:**

14746 SW 12STREET  
PEMBROKE PINES, FL 33027 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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: DONATIENNE NOEL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: NOEL, DONATIENNE  
Address: 14746 SW 12STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 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: DONATIENNE NOEL

MGRM

05/01/2014

Electronic Signature of Authorized Person

Date