

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000008968

**FILED**  
**Jun 09, 2014**  
**Secretary of State**

**Entity Name:** SHUR SMART HEALTH RESOURCES, LLC

**Current Principal Place of Business:**

801 LAUREL OAK DRIVE  
SUITE 102  
NAPLES, FL 34108 US

**New Principal Place of Business:**

5150 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 US

**Current Mailing Address:**

801 LAUREL OAK DRIVE  
SUITE 102  
NAPLES, FL 34108 US

**New Mailing Address:**

5150 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 US

**FEI Number:** 45-4317575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALVATORI, WOOD & BUCKEL  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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:** LEO J. SALVATORI

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** LUND, KRISTIN N  
**Address:** 5150 TAMiami TRAIL NORTH, SUITE 300  
**City-St-Zip:** NAPLES, FL 34103 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:** KRISTIN N. LUND

MGR

06/09/2014

Electronic Signature of Authorized Person

Date