

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000014017

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

**Entity Name:** NGHEALTH LLC

**Current Principal Place of Business:**

4160 N. HWY. A1A  
#1007A  
FORT PIERCE, FL 34949 US

**Current Mailing Address:**

4160 N. HWY. A1A  
#1007A  
FORT PIERCE, FL 34949 US

**FEI Number:** 45-4406281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

4160 N. HWY. A1A  
#207  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

4160 N. HWY. A1A  
#207  
FORT PIERCE, FL 34949 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: KATELIN BARCLAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARCLAY, KATELIN  
Address: 4160 N. HWY. A1A, #207  
City-St-Zip: FORT PIERCE, FL 34949 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 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: KATELIN BARCLAY

OWNR

10/07/2013

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