

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000056191

**Entity Name:** N-ZPIRE HEALTH LLC

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1326 MALABAR ROAD, STE. 3  
PALM BAY, FL 32907

**New Principal Place of Business:**

6080 BABCOCK STREET  
PALM BAY, FL 32909

**Current Mailing Address:**

1326 MALABAR ROAD, STE. 3  
PALM BAY, FL 32907

**New Mailing Address:**

6080 BABCOCK STREET  
PALM BAY, FL 32909

**FEI Number:** 45-5194760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DAVID HERRERO

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: JIMENEZ, NYDIA E  
Address: 1326 MALABAR ROAD, STE. 3  
City-St-Zip: PALM BAY, FL 32907

Title: S  
Name: JIMENEZ, NYDIA E  
Address: 1326 MALABAR ROAD, STE. 3  
City-St-Zip: PALM BAY, FL 32907

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: NYDIA E. JIMENEZ

MRS.

09/30/2014

Electronic Signature of Authorized Person

Date