

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000056722

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

**Entity Name:** STRATEGIC MANAGED CARE CONSULTING, LLC

**Current Principal Place of Business:**

3560 NORTH 37TH STREET  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3560 NORTH 37TH STREET  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 45-5186292      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RIOS, ANA  
3560 NORTH 37TH STREET  
HOLLYWOOD, FL 33021 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: ANA RIOS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: RIOS, ANA  
Address: 3560 NORTH 37TH STREET  
City-St-Zip: HOLLYWOOD, FL 33021 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: ANA RIOS

\_\_\_\_\_  
Electronic Signature of Authorized Person

MGRM

09/30/2014

\_\_\_\_\_  
Date