

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000101658

**FILED**  
**Nov 01, 2013**  
**Secretary of State**

**Entity Name:** RIOBE INSTITUTE OF HOLISTIC GYNECOLOGY, PLLC

**Current Principal Place of Business:**

2100 SE OCEAN BLVD. SUITE 200-B  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE OCEAN BLVD. SUITE 200-B  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 46-0749889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: MARK WILLIAMS, AVP OF BUSINESS FILINGS INC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** RIOBE, MYLAINE MD

**Address:** 2100 SE OCEAN BLVD. SUITE 200-B

**City-St-Zip:** STUART, FL 34996

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: MYLAINE RIOBE, MD

MGRM

11/01/2013

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