

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000103370

**FILED**  
**Apr 01, 2014**  
**Secretary of State**

**Entity Name:** HEALTHCARE INTEROPERABILITY TECHNOLOGY L.L.C.

**Current Principal Place of Business:**

10852 NW 21ST STREET  
UNIT 210  
MIAMI, FL 33172

**New Principal Place of Business:**

10850 NW 21ST STREET  
UNIT 210  
MIAMI, FL 33172

**Current Mailing Address:**

10852 NW 21ST STREET  
UNIT 210  
MIAMI, FL 33172

**New Mailing Address:**

10850 NW 21ST STREET  
UNIT 210  
MIAMI, FL 33172

**FEI Number:** 46-0853567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, JUAN JOSE  
10850 NW 21ST STREET  
UNIT 210  
MIAMI, FL 33172 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: JUAN RODRIGUEZ

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: SOLE, ALBERTO  
Address: 50 OCEAN LANE DR, SUITE 206  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM  
Name: RODRIGUEZ, JUAN JOSE  
Address: 7651NW 114TH PATH  
City-St-Zip: DORAL, FL 33178

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: JUAN RODRIGUEZ

MGRM

04/01/2014

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

\_\_\_\_\_  
Date