

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000125589

**FILED**  
**Oct 03, 2013**  
**Secretary of State**

**Entity Name:** FORT PIERCE KIDNEY CENTER HOLDINGS, LLC

**Current Principal Place of Business:**

118 N. NARANJA AVENUE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

118 N. NARANJA AVENUE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 80-0856881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORES, GERARD Q  
118 N. NARANJA AVENUE  
PORT ST. LUCIE, FL 34983 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:** GERARD Q. FLORES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FLORES, MARIA T  
**Address:** 118 N. NARANJA AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

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:** MARIA T. FLORES

MGRM

10/03/2013

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