

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000142446

**FILED**  
**Oct 11, 2013**  
**Secretary of State**

**Entity Name:** MARIE VICTORIA PHILIPPE-AUGUSTE RN, BSN, LLC

**Current Principal Place of Business:**

601 W. OAKLAND PARK BLVD., STE. 12  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

601 W. OAKLAND PARK BLVD., STE. 14-15  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

601 W. OAKLAND PARK BLVD., STE. 12  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

601 W. OAKLAND PARK BLVD., STE. 14-15  
FORT LAUDERDALE, FL 33311

FEI Number: 46-1371592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILIPPE-AUGUSTE, MARIE V RN, BSN  
601 W. OAKLAND PARK BLVD., STE. 12  
FORT LAUDERDALE, FL 33311 US

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

PHILIPPE-AUGUSTE, MARIE V RN, BSN  
601 W. OAKLAND PARK BLVD., STE. 14-15  
FORT LAUDERDALE, FL 33311 US

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: MARIE VICTORIA PHILIPPE-AUGUSTE

10/11/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: PHILLIPE-AUGUSTE, MARIE V RN, BSN

Address: 601 W. OAKLAND PARK BLVD., STE. 14-15

City-St-Zip: FORT LAUDERDALE, FL 33311

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: MARIE VICTORIA PHILIPPE-AUGUSTE

RN

10/11/2013

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