

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000147051

**FILED**  
**May 05, 2014**  
**Secretary of State**

**Entity Name:** THERAPEUTIC OUTCOMES, LLC

**Current Principal Place of Business:**

277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 46-1515228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

CASSIDY, PAUL D  
277 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405 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: PAUL D. CASSIDY

05/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: CASSIDY, PAUL  
Address: 277 FOREST PARK CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

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: PAUL D. CASSIDY

CEO

05/05/2014

Electronic Signature of Authorized Person

Date