

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000088147

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** FAMILY MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

8180 NW 36 AVE  
STE 102  
MIAMI, FL 33166

**New Principal Place of Business:**

3485 W FLAGLER ST  
STE 300  
MIAMI, FL 33135

**Current Mailing Address:**

8180 NW 36 AVE  
STE 102  
MIAMI, FL 33166

**New Mailing Address:**

3485 W FLAGLER ST  
STE 300  
MIAMI, FL 33135

**FEI Number:** 46-3002704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESCOBAR, EDGAR  
8180 NW 36 AVE  
STE 102  
MIAMI, FL 33166 US

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

ESCOBAR, EDGAR  
3485 W FLAGLER ST  
STE 300  
MIAMI, FL 33135 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:** EDGAR ESCOBAR

10/03/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** ESCOBAR, EDGAR  
**Address:** 3485 W FLAGLER ST, STE 300  
**City-St-Zip:** MIAMI, FL 33135

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:** EDGAR ESCOBAR

MGR

10/03/2014

Electronic Signature of Authorized Person

Date