

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000104093

**Entity Name:** MED-PLUS HEALTHCARE, LLC

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

419 SW 15TH STREET  
1ST FLOOR  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1805 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 46-3244578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRASER, OWEN D  
1801 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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:** OWEN D. FRASER, MD

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** FRASER, OWEN D  
**Address:** 1805 WEST COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32804

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:** JOSETTE COUTARD

JC

10/06/2014

Electronic Signature of Authorized Person

Date