

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000141149

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** DOCTORS CARE AND PREVENTION PLLC

**Current Principal Place of Business:**

8865 SW 48 ST.  
MIAMI, FL 33165 US

**New Principal Place of Business:**

9624 SW 24TH ST.  
MIAMI, FL 33165 US

**Current Mailing Address:**

8865 SW 48 ST.  
MIAMI, FL 33165 US

**New Mailing Address:**

9624 SW 24TH ST.  
MIAMI, FL 33165 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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:** CHEYENNE MOSELEY, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** AMBR  
**Name:** CRESPO, ROLANDO  
**Address:** 8865 SW 48 ST.  
**City-St-Zip:** MIAMI, FL 33165 US

**Title:** AMBR  
**Name:** OROZCO, BARBARA  
**Address:** 8865 SW 48 ST.  
**City-St-Zip:** MIAMI, FL 33165 US

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:** ROLANDO CRESPO

AMBR

10/01/2014

Electronic Signature of Authorized Person

Date