

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000007420

Entity Name: FLORIDA MEDICAL CLAIMS LC

FILED
Apr 19, 2014
Secretary of State

Current Principal Place of Business:

4703 SELVITZ ROAD
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

4703 SELVITZ ROAD
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 65-0959560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIAS, VINCENT F PRES
4703 SELVITZ ROAD
FORT PIERCE, FL 34981 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: V. FRANCIS FRIAS

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: PRES
Name: FRIAS, VINCENT F MR
Address: 4703 SELVITZ ROAD
City-St-Zip: FORT PIERCE, FL 34981

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: V. FRANCIS FRIAS

PRES

04/19/2014

Electronic Signature of Authorized Person

Date