

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002841

Entity Name: INTELIMEDIX, LLC

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

**Current Principal Place of Business:**

6810 NEW TAMPA HIGHWAY  
SUITE 400  
LAKELAND, FL 33815

**New Principal Place of Business:**

5701 E HILLSBOROUGH AVE  
SUITE 1231  
TAMPA, FL 33610

**Current Mailing Address:**

6810 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815

**New Mailing Address:**

225 N MICHIGAN AVE  
SUITE 970  
CHICAGO, IL 60601

FEI Number: 41-2205994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, DAVID  
6810 NEW TAMPA HIGHWAY  
LAKELAND, FL 33815 US

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

ALLISON, CHARLES  
5701 E HILLSBOROUGH AVE  
SUITE 1231  
TAMPA, FL 33610 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: CHARLES ALLISON

10/06/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: VP  
Name: CHARLES, ALLISON  
Address: 225 N MICHIGAN AVE, SUITE 970  
City-St-Zip: CHICAGO, IL 60601

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: CHARLES ALLISON

VP

10/06/2014

Electronic Signature of Authorized Person

Date