

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M10000000201

Entity Name: ALTA PRIVATE HEALTH, LLC

**FILED**  
**Aug 22, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

ALTA PRIVATE HEALTH  
9010 STRADA STELL COURT, SUITE 107  
NAPLES, FL 34109

## **New Principal Place of Business:**

ALTA PRIVATE HEALTH  
7385 RADIO ROAD, SUITE 104  
NAPLES, FL 34104

## **Current Mailing Address:**

ALTA PRIVATE HEALTH  
9010 STRADA STELL COURT, SUITE 107  
NAPLES, FL 34109

## **New Mailing Address:**

ALTA PRIVATE HEALTH  
7385 RADIO ROAD, SUITE 104  
NAPLES, FL 34104

FEI Number: 27-1657071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NOVATT, JEFF M ESQ.  
C/O CHEFFY PASSIDOMO, P.A.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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: JEFF NOVATT

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGR  
Name: BROWN, THOMAS G  
Address: 7385 RADIO ROAD, SUITE 104  
City-St-Zip: NAPLES, FL 34104

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: THOMAS G. BROWN

MGR

08/22/2014

Electronic Signature of Authorized Person

Date