

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M11000006238

**FILED**  
**Nov 20, 2012**  
**Secretary of State**

**Entity Name:** RELIACARE ALLIANCE, IPA, LLC

**Current Principal Place of Business:**

755 2ND AVE. 2ND FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

63 FLUSHING AVE  
BUILDING 27 2ND FLOOR  
BROOKLYN, NY 11205

**Current Mailing Address:**

755 2ND AVE. 2ND FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

199 LEE AVE  
SUITE 876  
BROOKLYN, NY 11211

**FEI Number:** 27-3258348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: JOSH DUNCAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEIN, MORDECHAI  
Address: 63 FLUSHING AVE  
City-St-Zip: BROOKLYN, NY 11205

Title: MGRM  
Name: KLEIN, BORACH  
Address: 63 FLUSHING AVE  
City-St-Zip: BROOKLYN, NY 11205

Title: MGRM  
Name: KLEIN, JOEL  
Address: 63 FLUSHING AVE  
City-St-Zip: BROOKLYN, NY 11205

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTIN STEIN

MS

11/20/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date