

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000029722

**Entity Name:** TEQUESTA MEDICAL SERVICES LLC

**Current Principal Place of Business:**

401 OLD DIXIE HWY  
P.O. BOX 3683  
JUPITER, FL 33458

**Current Mailing Address:**

401 OLD DIXIE HWY  
P.O. BOX 3683  
JUPITER, FL 33458 US

**FEI Number:** 90-0544002

**Certificate of Status Desired:** No

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

LOPINTO, ANNAMARIE  
401 OLD DIXIE HWY  
P.O. BOX 3683  
JUPITER, FL 33458 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:** ANNAMARIE LOPINTO

06/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MY 5 KIDS, LLC  
Address 860 US HIGHWAY ONE, STE 111  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNAMARIE LOPINTO

MGR

06/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date