

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000019634

Entity Name: PREVENTIVE HEALTHCARE SERVICES LLC

Current Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
STE 324
PALM COAST, FL 32137

Current Mailing Address:

PO BOX 354733
PALM COAST, FL 32135

FEI Number: 46-4719707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, BILLIE D
1 FLORIDA PARK DRIVE SOUTH
STE 324
PALM COAST, FL 32137 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: BILLIE JONES

01/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name JONES, B D
Address 1 FLORIDA PARK DRIVE SOUTH STE
324
City-State-Zip: PALM COAST FL 32137

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: BILLIE JONES

MGR

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date