

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000165113

Entity Name: AMERICA MEDICAL NETWORK, LLC

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
1010
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD.
1010
CORAL GABLES, FL 33134 US

FEI Number: 81-3015120

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZARAGOZA, JUAN FERNANDO FERNANDO JUAN FERNANDO ZARAGOZA
2100 PONCE DE LEON BLVD.
1010
CORAL GABLES, FL 33134 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: JUAN FERNANDO ZARAGOZA

05/16/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ZARAGOZA, JUAN R
Address 2100 PONCE DE LEON BLVD. #1010
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name ZARAGOZA, JUAN FERNANDO
Address 2100 PONCE DE LEON BLVD.
1010
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name GARZA, ANDRES
Address 2100 PONCE DE LEON BLVD.
1010
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name ZARAGOZA, JUAN RAMON
Address 2100 PONCE DE LEON BLVD.
1010
City-State-Zip: CORAL GABLES FL 33134

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: JUAN FERNANDO ZARAGOZA

05/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date