

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000022390

**FILED  
Aug 12, 2011  
Secretary of State**

**Entity Name:** BETTER HEALTHCARE REAL ESTATE, LLC

**Current Principal Place of Business:**

520 CASCADE FALLS DR.  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

520 CASCADE FALLS DR.  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 16-1672757      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BISHOP, JASON  
520 CASCADE FALLS DR.  
WESTON, FL 33327      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: JASON BISHOP

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BISHOP, JASON  
**Address:** 520 CASCADE FALLS DR.  
**City-St-Zip:** WESTON, FL 33327

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: JASON BISHOP

MGRM

08/12/2011

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