

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000123907

FILED
Mar 15, 2013
Secretary of State

Entity Name: HOMECARE NETWORK SOLUTIONS, LLC

Current Principal Place of Business:

3549 NW 30TH BLVD
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

3549 NW 30TH BLVD
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 45-3624690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHLAGMAN, STEVEN F
3549 NW 30TH BLVD
GAINESVILLE, FL 32605 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: STEVEN SHLAGMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHLAGMAN, STEVEN F
Address: 3549 NW 30TH BLVD
City-St-Zip: GAINESVILLE, FL 32605 US

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: STEVEN SHLAGMAN

MNG

03/15/2013

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