

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004132

Entity Name: CARECORE NATIONAL, LLC

FILED
Nov 29, 2012
Secretary of State

Current Principal Place of Business:

400 BUCKWALTER PLACE BLVD
BLUFFTON, SC 29910

New Principal Place of Business:

400 BUCKWALTER PLACE BLVD
BLUFFTON, SC 29910

Current Mailing Address:

400 BUCKWALTER PLACE BLVD
BLUFFTON, SC 29910

New Mailing Address:

400 BUCKWALTER PLACE BLVD
BLUFFTON, SC 29910

FEI Number: 14-1831391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ROSEMARIE GAGLIARDINO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ARLOTTA, JOHN J
Address: 400 BUCKWALTER PLACE BLVD
City-St-Zip: BLUFFTON, SC 29910

Title: MGR
Name: CANTER, JOEL M.D.
Address: 400 BUCKWALTER PLACE BLVD
City-St-Zip: BLUFFTON, SC 29910

Title: MGR
Name: LITT, ANDREW M.D.
Address: 3748 ROCKPORT RIDGE ROAD
City-St-Zip: PARK CITY, UT 84098

Title: MGR
Name: WEININGER, RICHARD B M.D.
Address: 400 BUCKWALTER PLACE BLVD
City-St-Zip: BLUFFTON, SC 29910

Title: MGR
Name: BERGER, JAN E M.D.
Address: 3842 NORTH MONTICELLO AVENUE
City-St-Zip: CHICAGO, IL 60618

Title: MGR
Name: LIEBERMAN, STEVE
Address: 5500 HUNTINGTON PARKWAY
City-St-Zip: BETHESDA, MD 20814

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: JOHN J. ARLOTTA

CEO

11/29/2012

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