

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000082617

**Entity Name:** ST. HOPE HEALTHCARE, LLC

**Current Principal Place of Business:**

3450 E. FLETCHER AVE.  
140  
TAMPA, FL 33613

**Current Mailing Address:**

3450 E. FLETCHER AVE.  
140  
TAMPA, FL 33613 US

**FEI Number:** 47-0965916

**Certificate of Status Desired:** No

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

ROSA, LOUIS J  
3450 E. FLETCHER AVE.  
140  
TAMPA, FL 33613 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:** LOUIS J ROSA

03/14/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	ROSA, LOUIS L	Name	KEARNEY, NANNETTE B
Address	3450 E. FLETCHER AVE. SUITE 140	Address	3450 E. FLETCHER AVE. SUITE 140
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	TAMPA FL 33613

*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:** LOUIS ROSA

MGR

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date