

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000166066

**Entity Name:** ECLIPSE HEALTHCARE, LLC

**Current Principal Place of Business:**

50 TRIGGER TRL E  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

1519 S BOSTON AVE  
TULSA, OK 74119 US

**FEI Number:** 68-0641605

**Certificate of Status Desired:** Yes

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

BARRY, RYAN  
50 TRIGGER TRL E  
PANAMA CITY BEACH, FL 32413 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:** RYAN BARRY

07/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	CORPORATE OFFICE MANAGER
Name	JONES, DAVID	Name	PRICE, RYAN
Address	1519 S BOSTON AVE	Address	1519 S BOSTON AVE
City-State-Zip:	TULSA OK 74119	City-State-Zip:	TULSA OK 74119

*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:** RYAN PRICE

**CORPORATE OFFICE  
MANAGER**

07/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date