

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000206580

**Entity Name:** ASCENDO HEALTHCARE STAFFING LLC

**Current Principal Place of Business:**

2 ALHAMBRA CIRCLE #1220  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2 ALHAMBRA CIRCLE #1220  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-3361753

**Certificate of Status Desired:** No

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

BERGER, CHARLES S  
2 ALHAMBRA CIRCLE #1220  
CORAL GABLES, FL 33134 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:** CHARLES BERGER

10/08/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ASCENDO HEALTHCARE HOLDING LLC  
Address 2 ALHAMBRA CIRCLE #1220  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BERGER, CHARLES S  
Address 2 ALHAMBRA CIRCLE #1220  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HOLZER, EUGENE  
Address 2 ALHAMBRA CIRCLE #1220  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name PENA, GUSTAVO  
Address 2 ALHAMBRA CIRCLE #1220  
City-State-Zip: CORAL GABLES FL 33134

*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:** CHARLES BERGER

**PARTNER**

10/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date