

**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	HOLZER, EUGENE
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	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