

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:05

DOCUMENT # L00000014161																													
1. Entity Name UNITED HOME CARE SERVICES OF SOUTHWEST FLORIDA, L.L.C.																													
Principal Place of Business 4414 SE 16TH PLACE UNIT TWO SOUTH CAPE CORAL, FL 33904			Mailing Address 4414 SE 16TH PLACE UNIT TWO SOUTH CAPE CORAL, FL 33904																										
2. Principal Place of Business 12734 Kenwood Lane Suite, Apt. #, etc. Suite 74 City & State Ft. Myers, Fl Zip 33907		3. Mailing Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 74 City & State Ft. Myers, Fl Zip 33907		12212006 REIN-LLC CR2E101 (11/05)																									
Country USA		Country USA		4. FEI Number 65-1063580																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent TOME, JAY R ESQ 2701 PONCE DE LEON BLVD MEZZANINE LEVEL CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Jay R. Tome, Esq. Street Address (P.O. Box Number is Not Acceptable) 15500 New Barn Road Suite 104 City Miami Lakes, FL Zip Code 33014																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jay R. Tome</u> <u>Jay R. Tome</u> <u>12/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jose R. Fox</u> <u>12/20/06</u> <u>(305)716-0764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													