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Account Name : WATTERSON, HYLAND & KLETT
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LIMITED LIABILITY REINSTATEMENT

NORTHWOOD HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015510

1. Limited Liability Company's Name
Northwood Healthcare, LLC

2. Principal Office Address	3. Mailing Office Address
5600 North Flagler Drive	5600 North Flagler Drive
Suite, Apt. #, etc. #504	Suite, Apt. #, etc. #504
City & State West Palm Beach, Florida	City & State West Palm Beach, Florida
Zip 33407 Country USA	Zip 33407 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12/14/2000

6. FEI Number: 65-1079099 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Carecorp, LLC

Street Address (P.O. Box Number is Not Acceptable): 5600 North Flagler Drive

Suite, Apt. #, Etc.: #504

City: West Palm Beach State: FL Zip Code: 33407

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date September 24, 2002

REGISTERED AGENT MUST SIGN Cortlandt Snow, MGRM

GR2E041 (3/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Peter Fischer	129 Newbridge Road	Hicksville, NY 11801

01-02

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 9/24/02 Daytime Phone # (516) 931-3947

Typed or printed name of signing Managing Member/Manager Peter Fischer, MGRM