

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000005843

**FILED**  
**Nov 22, 2004**  
**Secretary of State**

**Entity Name:** ELITE HEALTHCARE MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

1111 KANE CONCOURSE  
BAY HARBOR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE  
BAY HARBOR, FL 33154

**New Mailing Address:**

**FEI Number:** 65-1126433      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KLEIN, AVI  
1111 KANE CONCOURSE  
BAY HARBOR, FL 33154      US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** KLEIN, AVI  
**Address:** P.O. BOX 546752  
**City-St-Zip:** SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** AVI KLEIN

MGR

11/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date