


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -1 AM 10:35

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016000

1. Limited Liability Company's Name
America's Health Choice of Central Boca, LLC

2. Principal Office Address 1175 S. U.S. Hwy. 1		3. Mailing Office Address 1175 S. U.S. Hwy. 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32962	Country U.S.	Zip 32962	Country U.S.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 9/18/2001

6. FEI Number 59-3745865

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

8. Name and Address of Current Registered Agent

Name Gregory J. Blodig

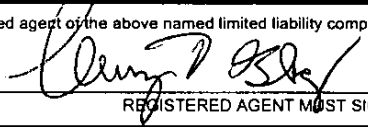
Street Address (P.O. Box Number is Not Acceptable) 100 W. Cypress Creek Road

Suite, Apt. #, Etc. Suite 700

City Ft. Lauderdale

State FL **Zip Code** 33309

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  **REGISTERED AGENT MUST SIGN**

Date 6/28/05

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
M	Janke, Walter	1175 S. U.S. Hwy. 1	Vero Beach, FL 32962
M	Janke, Lalita	1175 S. U.S. Hwy. 1	Vero Beach, FL 32962

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** 11-15-05 **Daytime Phone #** 772-794-0030

Typed or printed name of signing Managing Member/Manager Walter H. Janke, MID

CR2E041 (1/0/02)

REINSTATEMENT 03-05