

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000022113

FILED
Oct 26, 2004
Secretary of State

Entity Name: CARING HEALTH, LLC

Current Principal Place of Business:

161 BARBADOS DR.
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

161 BARBADOS DR.
JUPITER, FL 33458

New Mailing Address:

FEI Number: 01-0552699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMBROSE, PATRICK K CPA
7800 113TH STREET, NORTH
SUITE 203
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

AMBROSE, PATRICK K CPA
7985 113TH STREET, NORTH
SUITE 340
SEMINOLE, FL 33772 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: PATRICK K AMBROSE CPA

10/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DIANE JORDEN, SUSAN
Address: 161 BARBADOS DR.
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIANE JORDEN, SUSAN
Address: 161 BARBADOS DR.
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Change (X) Addition
Name: AMBROSE, PATRICK K
Address: 7985 113TH ST N #340
City-St-Zip: SEMINOLE, FL 33772

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: PATRICK K AMBROSE

MGRM

10/26/2004

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