

102000006679

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006679

1. Limited Liability Company's Name

21ST CENTURY HEALTHCARE SOLUTIONS, LLC

2. Principal Office Address

1225 AVENIDA DEL CIRCO

Suite, Apt. #, etc.

City & State

VENICE, FL 34285

Zip

Country

3. Mailing Office Address

PO BOX 3319

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34230

Zip

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

61-1411915

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

GEORGE V FAMIGIOL, JR

Street Address (P.O. Box Number is Not Acceptable)

1634 MAIN STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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 11/10/03

REGISTERED AGENT MUST SIGN

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
MRG	WASSERMAN, HARVEY	1225 AVENIDA DEL CIRCO	VENICE, FL 34285

REINSTATEMENT 03  
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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 11/10/03 Daytime Phone# 941-485-0956

Typed or printed name of signing Managing Member/Manager