

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000016615

Entity Name: ASHFIELD HEALTHCARE, LLC

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

610 SYCAMORE ST.  
SUITE 320  
CELEBRATION, FL 34747

## **New Principal Place of Business:**

1 IVYBROOK BOULEVARD  
SUITE 110  
IVYBROOK, PA 18974

## **Current Mailing Address:**

610 SYCAMORE ST.  
SUITE 320  
CELEBRATION, FL 34747

## **New Mailing Address:**

1 IVYBROOK BOULEVARD  
SUITE 110  
IVYBROOK, PA 18974

FEI Number: 61-1420419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITOL CORPORATE SERVICES  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: ROBERT O'SULLIVAN

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: CHARD, PAUL  
Address: 610 SYCAMORE ST. SUITE 320  
City-St-Zip: CELEBRATION, FL 34747

## **ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: O'SULLIVAN, ROBERT  
Address: 1 IVYBROOK BOULEVARD SUITE 110  
City-St-Zip: IVYLAND, PA 18974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT O'SULLIVAN

VP

10/15/2009

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