

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000018680

**FILED**  
**May 28, 2008**  
**Secretary of State**

**Entity Name:** MOMENTUM SENIOR CARE, LLC

**Current Principal Place of Business:**

1562 WEYBRIDGE CIRCLE  
NAPLES, FL 34110

**New Principal Place of Business:**

2005 IMPERIAL DR EAST  
NAPLES, FL 34110

**Current Mailing Address:**

110837  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 54-2064310      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:**

LOTTE, KEVIN R  
C/O QUARLES & BRADY, ET AL  
1395 PANTHER LN STE 300,  
NAPLES, FL 34109 US

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

HELSEL, JOHN E  
2005 IMPERIAL DR EAST  
NAPLES, FL 34110 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: JOHN HELSEL

05/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HELSEL, JOHN E  
Address: 1562 WEYBRIDGE CIR  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HELSEL, JOHN E  
Address: 2005 IMPERIAL DR EAST  
City-St-Zip: NAPLES, FL 34110

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: JOHN HELSEL

MGRM

05/28/2008

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