

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

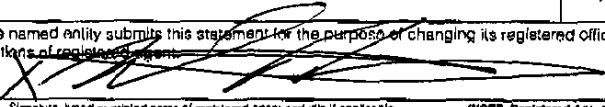
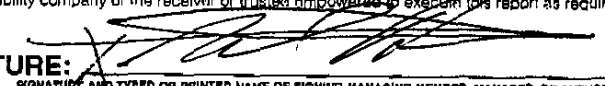
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10222004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L02000019375					
1. Entity Name HARBOR HEALTHCARE CONSULTANTS, LLC					
Principal Place of Business 7491 WEST OAKLAND PARK BLVD., 3RD FLOOR LAUDERHILL, FL 33319			Mailing Address 7491 WEST OAKLAND PARK BLVD., 3RD FLOOR LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 30-0097831			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENBERG, MICHAEL 7491 WEST OAKLAND PARK BLVD., 3RD FLOOR LAUDERHILL, FL 33319			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, MICHAEL 18000 NE 9TH FL NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042374171 11/02/04--01014--008 **55.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					

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