

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000020942

**FILED**  
**Sep 10, 2007**  
**Secretary of State**

**Entity Name:** MEDI-CARE HOME HEALTH LLC

**Current Principal Place of Business:**

2400 HIGH RIDGE RD  
SUITE 101  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

9696 PLUMERIA WAY  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

22 E RIVERSIDE DR  
JUPITER, FL 33469 US

**FEI Number:** 03-0478185      **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:**

REEVES, ADAM  
9696 PLUMERIA WAY  
BOYNTON BEACH, FL 33436 US

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

REEVES, ADAM  
22 E RIVERSIDE DR  
JUPITER, FL 33469 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: ADAM REEVES

09/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REEVES, ADAM  
Address: 9696 PLUMERIA WAY  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REEVES, ADAM  
Address: 22 E RIVERSIDE DR  
City-St-Zip: JUPITER, FL 33469

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: ADAM REEVES

MGR

09/10/2007

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