

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024196

FILED
Feb 10, 2007
Secretary of State

Entity Name: HEALTH TRANSITIONS, LLC

Current Principal Place of Business:

505 LORETTO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

13900 SW 31 STREET
FORT LAUDERDALE, FL 33330

Current Mailing Address:

505 LORETTO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

13900 SW 31 STREET
DAVIE, FL 33330

FEI Number: 65-1094749 **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:

PFEFFER, KAREN E
505 LORETTO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

PFEFFER, KAREN E
13900 SW 31 STREET
DAVIE, FL 33330 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: KAREN E PFEFFER

02/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFEFFER, KAREN E
Address: 505 LORETTO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PFEFFER, KAREN E
Address: 13900 SW 31 STREET
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN E PFEFFER

MGRM

02/10/2007

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