

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000004222

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** INTERIM HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

419 ISLEBAY DR.  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

419 ISLEBAY DR.  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 30-0148258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANLEYSMITH, MILLIE PRES  
9409 OAK ST.  
RIVERVIEW, FL 33578 US

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

SMITH, MILLIE PRES  
419 ISLEBAY DRIVE  
APOLLO BEACH, FL 33572 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: MILLIE SMITH

11/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: SMITH, MILLIE  
Address: 419 ISLEBAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby 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: MILLIE SMITH

PRES

11/10/2010

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