2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 25 AM 10:22

DOCUMENT # L03000016982

1. Entity Name
INNOVATIVE HEALTH CARE PROPERTIES, II, LLC

Principal Place of Business	Mailing Address
1721 INDEPENDENCE BLVD. A3 SARASOTA, FL 34234	1721 INDEPENDENCE BLVD. A3 SARASOTA, FL 34234

2. Principal Place of Business	3. Mailing Address
2009 Apalachee Parkway	2009 Apalachee Parkway
Suite, Apt. #, etc. # 106	Suite, Apt. #, etc. # 106
City & State Tallahassee, FL.	City & State Tallahassee, FL.
Zip 32301 Country	Zip 32301 Country

09262006 REIN-LLC CR2E101 (11/05)

4. FEI Number
65-1187255
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, DEWAYNE
1721 INDEPENDENCE BLVD.
A3
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name [redacted] Harvey, DeWayne

Street Address (P.O. Box Number is Not Acceptable)

[redacted] 2009 Apalachee Parkway #106

City Tallahassee FL Zip Code 32301 [redacted]

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 _____ 10/20/06
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARVEY, DEWAYNE 1721 INDEPENDENCE BLVD., STE. A3 SARASOTA, FL 34234	☐ Delete	MGR Harvey, DeWayne 2009 Apalachee Parkway # 106 Tallahassee, FL. 32301	☒ Change ☐ Addition
		☐ Delete	PINELLAS 3 10/11/06--01070--006 **155.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	REINSTATEMENT 2006	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ DeWayne Harvey 10/3/06 (850) 656-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #