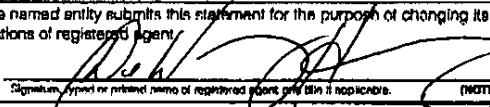
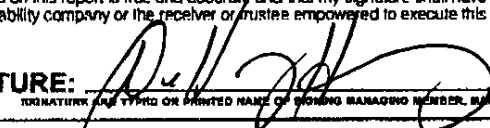


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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 1721 INDEPENDENCE BLVD. A3 SARASOTA, FL 34234		Mailing Address 1721 INDEPENDENCE BLVD. A3 SARASOTA, FL 34234	
2. Principal Place of Business 2009 Apalachee Parkway Suite, Apt. #, etc. # 106 City & State Tallahassee, FL. Zip 32301		3. Mailing Address 2009 Apalachee Parkway Suite, Apt. #, etc. # 106 City & State Tallahassee, FL. Zip 32301	
		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 HARVEY, DeWayne Street Address (P.O. Box Number is Not Acceptable) 2009 Apalachee Parkway #106 City Tallahassee FL Zip Code 32301	
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 		DATE 10/20/06	
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARVEY, DeWayne 2009 Apalachee Parkway # 106 Tallahassee, FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	20080731 ☐ Change ☐ Addition 10/11/06--01070--005 **155.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		DATE 10/3/06 (850) 456-5939	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			