


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 12 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016982	
1. Entity Name INNOVATIVE HEALTH CARE PROPERTIES, II, LLC	

Principal Place of Business 2009 APALACHEE PKWY SUITE 106 TALLAHASSEE, FL 32301	Mailing Address 2009 APALACHEE PKWY SUITE 106 TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 2333 Hansen Lane	3. Mailing Address 2333 Hansen Lane
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32301	Zip 32301
Country USA	Country USA

12122007 REIN-LLC CR2E101 (1/07)



4. FEI Number 65-1187255	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARVEY, DEWAYNE 2009 APALACHEE PKWY #106 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name 1	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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.

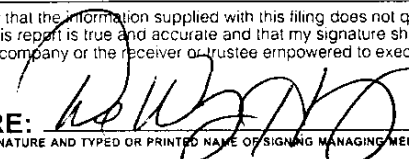
SIGNATURE  CEO DATE 12/12/07
Signature, typed or printed name of registered agent, and title (if applicable) (NOTE: Registered Agent signature required for reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARVEY, DEWAYNE 2009 APALACHEE PKWY #106 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600113158626 12/14/07--01047--017 **\$5.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2007

1. 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 DATE 12/12/07 (850) 636-5434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE