

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000031117

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

**Entity Name:** TRI-STATE HEALTHCARE OF WEST CARROLTON, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
736  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVE  
736  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 01-0795224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

SHISGAL, BARRY  
160 MICHIGAN AVENUE  
736  
MIAMI BEACH, FL 33139 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: TS.HEALTHCARE@GMAIL.COM

08/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHISGAL, BARRY  
Address: 1680 MICHIGAN AVENUE SUITE 736  
City-St-Zip: MIAMI BEACH, FL 33139

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: BARRY SHISGAL

MGR

08/25/2010

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