

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040920

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA FAMILY RURAL HEALTH CARE, LLC

**Current Principal Place of Business:**

2398 BEACH DRIVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

2398 BEACH DRIVE  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 20-0560620      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KARR, RUTH A  
2398 BEACH DRIVE  
AVON PARK, FL 33825      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:** RUTH A. KARR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** KARR, MICHAEL  
**Address:** 2398 BEACH DRIVE  
**City-St-Zip:** AVON PARK, FL 33825

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:** MICHAEL R. KARR

**PRES**

**10/10/2005**

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