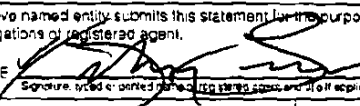
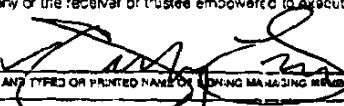


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 AM 9:14

DOCUMENT # L03000053091			
1. Entity Name VITCARE LLC			
Principal Place of Business 660 OAKFIELD DRIVE BRANDON, FL 33611 FL		Mailing Address 660 OAKFIELD DRIVE BRANDON, FL 33611 FL	
2. Principal Place of Business 3131 W. Kennedy Blvd Suite, Apt. #, etc.		3. Mailing Address 3131 W. Kennedy Blvd Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33609		Country Hillsborough	
4. FE Number 20-0712531		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LEVEY, JEFF 6217 MARBELLA BLVD APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent Name 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 		DATE 3/15/05	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVEY, JEFF 6217 MARBELLA BLVD APOLLO BEACH, FL 33572	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAEFER, ROBERTA 6217 MARBELLA BLVD APOLLO BEACH, FL 33572	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 603, Florida Statutes.		REINSTATEMENT 04-05 400049077504 03/24/05--01006--001 **100.00	
SIGNATURE: 		DATE 3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 8/13/05	

Jeff Levey

871-1331