

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000004842

Entity Name: INTEGRATED CARE, LLC

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

1150 NORTH 35TH AVE, STE 605
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3335 N UNIVERSITY DR
SUITE 8
DAVIE, FL 33024

New Mailing Address:

3335 N UNIVERSITY DR
SUITE1
DAVIE, FL 33024

FEI Number: 20-2249239 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:

FRIEDMAN, JUDAH
3335 N UNIVERSITY DR
SUITE 8
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

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: JUDAH FRIEDMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BERLIN, HOWARD F
Address: 3335 N UNIVERSITY DR, SUITE 8
City-St-Zip: DAVIE, FL 33024

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 exemption stated in Chapter 119, 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: HOWARD F. BERLIN

MD

09/29/2009

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