2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# L04000025954

Entity Name: GULF COAST HEALTH SERVICES, LLC

Current Principal Place of Business:

2344 BEE RIDGE ROAD
#114
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O RONNY J. HALPERIN, PA
312 SE 17TH STREET, SECOND FLOOR
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-0967031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RONNY J. HALPERIN, PA
312 SE 17TH STREET
SECOND FLOOR
FT. LAUDERDALE, FL 33316 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: RONNY HALPERIN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JUCEAN, MICHAEL
Address: 4752 SWEET MEADOW CIRCLE
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JUCEAM, MICHAEL
Address: 4752 SWEET MEADOW CIRCLE
City-St-Zip: SARASOTA, FL 34238

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: MICHAEL JUCEAM PRES 03/11/2008

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