

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000031624

**FILED**  
**May 17, 2006**  
**Secretary of State**

**Entity Name:** TOTAL HEALTH CARE RESOURCES GROUP, L.L.C.

**Current Principal Place of Business:**

6541 COWPEN ROAD  
SUITE F-105  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6541 COWPEN ROAD  
SUITE F-105  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 42-1627399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN & GREENBERG, L.L.C.  
1792 BELL TOWER LANE  
WESTON, FL 33326 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:** ROSS GREENBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** VILLARREAL, ILEANA  
**Address:** 535 WEST 55TH PLACE  
**City-St-Zip:** MIAMI LAKES, FL 33012

**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 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:** ILEANA VILLARREAL

MGRM

05/17/2006

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