

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000058768

**Entity Name:** CARE PLUS CENTER, LLC

**FILED**  
**Nov 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3940 W FLAGLER ST, 202  
MIAMI, FL 33134

**New Principal Place of Business:**

8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 US

**Current Mailing Address:**

3940 W FLAGLER ST, 202  
MIAMI, FL 33134

**New Mailing Address:**

8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 US

**FEI Number:** 20-1472775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

RODRIGUEZ, FAUSTO  
8260 WEST FLAGLER STREET  
2B  
MIAMI, FL 33144 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: FAUSTO RODRIGUEZ

11/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RODRIGUEZ, FAUSTO  
Address: 8260 W FLAGLER ST, 2B  
City-St-Zip: MIAMI, FL 33144 US

I hereby 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: FAUSTO RODRIGUEZ

MGRM

11/08/2010

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