

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000065770

Entity Name: SENCARE, LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

4930 SANDPIPER LANE
ST. PETERSBURG, FL 33711

New Principal Place of Business:

5420 BAY CENTER
SUITE 250
TAMPA, FL 33609 US

Current Mailing Address:

P.O. BOX 16477
ST. PETERSBURG, FL 33733

New Mailing Address:

5420 BAY CENTER
SUITE 250
TAMPA, FL 33609 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTOSH, ANDREW L
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801 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: REBECCA S. MATZ

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TRIVEDI, GITA
Address: 4532 RIVER GEM AVENUE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GITA TRIVEDI

MGRM

10/06/2005

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