

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000072010

Entity Name: WISE HEALTHCARE, L.L.C.

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

3200 N.E 36TH STREET STE. 306
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

3706 N. OCEAN BLVD #307
FT. LAUDERDALE, FL 33308

Current Mailing Address:

3200 N.E 36TH STREET STE. 306
FT. LAUDERDALE, FL 33308

New Mailing Address:

3706 N. OCEAN BLVD #307
FT. LAUDERDALE, FL 33308

FEI Number: 20-2674998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MONTGOMERY, MATTHEW A
3200 N.E 36TH STREET STE. 306
FT. LAUDERDALE, FL 33308 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: MATTHEW A. MONTGOMERY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WISE, REBECCA J
Address: 3200 N.E 36TH STREET STE. 306
City-St-Zip: FT. LAUDERDALE, FL 33308

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 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: REBECCA J. WISE

MGMR

10/11/2005

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