2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# L04000076120

Entity Name: NURSES HELPING HANDS SERVICES, LLC

Current Principal Place of Business:

1819 CYPRESS TRACE DRIVE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1819 CYPRESS TRACE DRIVE
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-2031831 **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:

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER, FL 33763 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: RICHARD GOTTLIEB

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PAZ, JAIME	
Address:	1819 CYPRESS TRACE DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	MGRM	( ) Delete
Name:	PAZ, MARIETA	
Address:	1819 CYPRESS TRACE DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	MGRM	( ) Delete
Name:	PAZ, MARIANNE	
Address:	1819 CYPRESS TRACE DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	MGRM	( ) Delete
Name:	PAZ, JAMIE	
Address:	1819 CYPRESS TRACE DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARIETA PAZ MGRM 10/14/2005

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