

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078995

FILED
Sep 28, 2010
Secretary of State

Entity Name: PERFECT HEALTHCARE OF FT. PIERCE, L.L.C.

Current Principal Place of Business:

3727 SE OCEAN BLVD.
#200
SEWALLS POINT, FL 34996

New Principal Place of Business:

947 SE CENTRAL PARKWAY
STUART, FL 34994

Current Mailing Address:

3727 SE OCEAN BLVD.
#200
SEWALLS POINT, FL 34996

New Mailing Address:

947 SE CENTRAL PARKWAY
STUART, FL 34994

FEI Number: 20-1817869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDSTROM, CHRISTOPHER M
3727 SE OCEAN BLVD
#200
SEWALLS POINT, FL 34996 US

Name and Address of New Registered Agent:

LUNDSTROM, CHRISTOPHER M
947 SE CENTRAL PARKWAY
STUART, FL 34994 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: CHRISTOPHER M. LUNDSTROM

09/28/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LUNDSTROM, CHRISTOPHER M
Address: 947 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

Title: MRG
Name: LUNDSTROM, DANIEL J
Address: 947 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

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: CHRISTOPHER M. LUNDSTROM

MGRM

09/28/2010

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