

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000080461

Entity Name: NURSING HANDS, LLC

FILED
Sep 28, 2006
Secretary of State

Current Principal Place of Business:

13001 BERWICKSHIRE DRIVE
JACKSONVILLE, FL 32224

New Principal Place of Business:

12877 SHIREWOOD LANE
JACKSONVILLE, FL 32224

Current Mailing Address:

13001 BERWICKSHIRE DRIVE
JACKSONVILLE, FL 32224

New Mailing Address:

12877 SHIREWOOD LANE
JACKSONVILLE, FL 32224

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: ALINA MOSER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOSER, ALINA
Address: 13001 BERWICKSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOSER, ALINA
Address: 12877 SHIREWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALINA MOSER

MGR

09/28/2006

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