

# 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