

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03312007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000082074 1. Entity Name STEPHENS RESERVE CARE, LLC					
Principal Place of Business 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205			Mailing Address 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205		
2. Principal Place of Business - No P.O. Box # 4343 Colonial Ave		3. Mailing Address 4343 Colonial Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 20-1878616	
Zip 32210		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, MICHAEL A M.D. 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, MICHAEL L M.D. 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4343 Colonial Ave Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400102543044 05/15/07--01007--021 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-26-07 <small>Date Daytime Phone #</small>		