2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# L04000082074

Entity Name: STEPHENS RESERVE CARE, LLC

Current Principal Place of Business:

4343 COLONIAL AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4343 COLONIAL AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-1878616 **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:

STEPHENS, MICHAEL A M.D.
4343 COLONIAL AVENUE
JACKSONVILLE, FL 32210 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: MICHAEL A. STEPHENS MD

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STEPHENS, MICHAEL L M.D.
Address: 4343 COLONIAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEPHENS, MICHAEL A M.D.
Address: 4343 COLONIAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. STEPHENS, MD MD 10/29/2008

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