

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000022287

FILED  
Nov 01, 2009  
Secretary of State

**Entity Name:** UNITED HOME CARE SERVICES OF NORTHWEST FLORIDA LLC.

**Current Principal Place of Business:**

4400 BAYOU BLVD  
BLDG 21 E  
PENSACOLA, FL 32503

**New Principal Place of Business:**

11 E ROMANA STREET  
SUITE A  
PENSACOLA, FL 32502

**Current Mailing Address:**

4400 BAYOU BLVD  
BLDG 21E  
PENSACOLA, FL 32503

**New Mailing Address:**

11 E ROMANA STREET  
SUITE A  
PENSACOLA, FL 32502

FEI Number: 59-0598107      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:**

STONE, STACEY  
4400 BAYOU BLVD. BLDG. 21E  
PENSACOLA, FL 32503      US

**Name and Address of New Registered Agent:**

STONE, STACEY S  
11 E ROMANA STREET  
SUITE A  
PENSACOLA, FL 32503      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: STACEY S STONE

11/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HONEYCUTT, ANN  
Address: 4400 BAYOU BLVD BLDG 21E  
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM      ( ) Delete  
Name: STACEY, STONE S  
Address: 4400 BAYOU BLVD BLDG 21E  
City-St-Zip: PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HONEYCUTT, ANN  
Address: 11 E ROMANA STREET SUITE A  
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM      (X) Change ( ) Addition  
Name: STACEY, STONE S  
Address: 11 E ROMANA STREET SUITE A  
City-St-Zip: PENSACOLA, FL 32502 US

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: STACEY S STONE

MGRM

11/01/2009

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