

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000038854

FILED
Nov 03, 2009
Secretary of State

Entity Name: HOME HEALTH AGENCY - TULSA, LLC

Current Principal Place of Business:

9810 EAST 42 STREET
SUITE 10
TULSA, OK 74146 US

New Principal Place of Business:

New Mailing Address:

1804 SOUTH SIGNAL BUTTE RD.
SUITE 103
MESA, AZ 85209 US

Current Mailing Address:

11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065 US

FEI Number: 20-2828643 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:

PORTNOY, FRED
11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

PORTNOY, FRED
1623 ISLAND WAY
WESTON, FL 33326 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: FRED PORTNOY

11/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BAGPAL, BERNA
Address: 11780 WEST SAMPLE ROAD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: PORTNOY, FRED
Address: 11780 WEST SAMPLE ROAD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: NAGPAL, NARESH
Address: 11780 WEST SAMPLE ROAD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BAGPAL, BEENA
Address: 5959 COLLINS AVE., APT. 1006
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change () Addition
Name: PORTNOY, FRED
Address: 1623 ISLAND WAY
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: NAGPAL, NARESH
Address: 5959 COLLINS AVE., APT. 1006
City-St-Zip: MIAMI BEACH, FL 33140

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: NARESH NAGPAL

D

11/03/2009

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