

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000049698

FILED
Sep 29, 2009
Secretary of State

Entity Name: BETHESTA HOME HEALTH CARE LLC

Current Principal Place of Business:

2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-3353247 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:

Name and Address of New Registered Agent:

LEON, MANUEL
2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122 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: MANUEL LEON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEON, MANUEL
Address: 2500 NW 79TH AVE SUITE 120
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: LEON, DANIEL
Address: 2500 NW 79TH AVE SUITE 120
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: GUTIERREZ, JULIO E
Address: 2500 NW 79TH AVE SUITE 120
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANUEL LEON

MNGR

09/29/2009

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