

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000073307

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** A QUALITY CARE TRANSPORTATION LLC

**Current Principal Place of Business:**

2702 BOOKER ST  
FT. PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 585846  
ORLANDO, FL 32858

**New Mailing Address:**

2702 BOOKER ST  
FORT PIERCE, FL 34947

**FEI Number:** 32-0157758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, RAY E JR  
37 HARBOUR ISLES 206  
FORT PIERCE, FL 34949 US

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

WILLIAMS, RAY E JR  
2702 BOOKER ST  
FORT PIERCE, FL 34947 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: RAY E. WILLIAMS

02/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, RAY E JR  
Address: 2702 BOOKER ST  
City-St-Zip: FT. PIERCE, FL 34947

Title: MGR  
Name: WESTPOINT, MARVA  
Address: 2702 BOOKER ST  
City-St-Zip: FORT PIERCE, FL 34947

I hereby 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: RAY E WILLIAMS

MGR

02/22/2011

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