2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2009
Secretary of State

DOCUMENT# L05000088745

Entity Name: LAKE WALES HEALTH CARE OPERATIONS COMPANY, LLC

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Principal Place of Business:

701 OVERLOOK DR., SE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Mailing Address:

1800 N WABASH
SUITE 300
MARION, IN 46952 US

FEI Number: 20-3616834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

HOUGHTON, SAMUEL A
500 S FLORIDA AVE
SUITE 800
LAKELAND, FL 33801 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: SAMUEL A HOUGHTON 11/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TENDER LOVING CARE MANAGEMENT, INC.
Address: 1800 N WOBASH AVE STE 300
City-St-Zip: MARION, IN 46952 US

ADDITIONS/CHANGES:

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: DWIGHT A OTT SECY 11/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date