

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000089164

FILED
Oct 05, 2006
Secretary of State

Entity Name: INTERFACE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 20-5169558 **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:

ERWIN-WILSON, VICKI
4775 HIGH GROVE ROAD
TALLAHASSEE, FL 32309 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: VICKI ERWIN-WILSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, LES
Address: 4775 HIGH GROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: ERWIN-WILSON, VICKI
Address: 4775 HIGH GROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

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 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: VICKI ERWIN-WILSON

DR.

10/05/2006

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