2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# L05000097965

Entity Name: ABSOLUTE HOMECARE SERVICES LLC.

Current Principal Place of Business:

2000 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

9999 SUMMERBREEZE DRIVE
419
SUNRISE, FL 33322 US

Current Mailing Address:

9999 SUMMERBREEZE DRIVE
419
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 56-2553545 **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:

PALMER, HUGH M JR
3851 NW 91ST TERRACE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: HUGH PALMER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PALMER, HUGH M JR.
Address: 3851 NW 91 TERRACE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM ( ) Delete
Name: RAMKISSON, SHELDON V
Address: 9999 SUMMERBREEZE DRIVE #419
City-St-Zip: SUNRISE, FL 33322 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 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: SHELDON RAMKISSOON MGRM 09/21/2007

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