

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105897

FILED
Oct 10, 2006
Secretary of State

Entity Name: THE PREMIERE HEALTHCARE RESOURCE GROUP, L.L.C.

Current Principal Place of Business:

4586 SUMMER OAK ST., SUITE #204
ORLANDO, FL 32835

New Principal Place of Business:

4973 TOWN TERRACE SOUTH
KISSIMMEE, FL 34758

Current Mailing Address:

4586 SUMMER OAK ST., SUITE #204
ORLANDO, FL 32835

New Mailing Address:

4973 TOWN TERRACE SOUTH
KISSIMMEE, FL 34758

FEI Number: 72-1610236 **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:

BERNARDIN, SHAMIKA
4586 SUMMER OAK ST., SUITE #204
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

BERNARDIN, SHAMIKA
4973 TOWN TERRACE SOUTH
KISSIMMEE, FL 34758 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: SHAMIKA BERNARDIN

10/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERNARDIN, SHAMIKA
Address: 4586 SUMMER OAK ST., SUITE #204
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: BERNARDIN, STEVEN
Address: 4586 SUMMER OAK ST., SUITE #204
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERNARDIN, SHAMIKA
Address: 4973 TOWN TERRACE SOUTH
City-St-Zip: KISSIMMEE, FL 34758

Title: MGR (X) Change () Addition
Name: BERNARDIN, STEVEN
Address: 4973 TOWN TERRACE SOUTH
City-St-Zip: KISSIMMEE, FL 34758

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: SHAMIKA BERNARDIN

MGR

10/10/2006

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