## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000122924

Entity Name: VALUHEALTH, LLC

FILED Nov 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5373 ISLEWORTH COUNTRY CLUB DRIVE 293 CALLIOPE STREET WINDERMERE, FL 34786 OCOEE, FL 34761

**Current Mailing Address: New Mailing Address:** 

5373 ISLEWORTH COUNTRY CLUB DRIVE 293 CALLIOPE STREET OCOEE, FL 34761 WINDERMERE, FL 34786

FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

> MORINI, ANGELO S MR. 293 CALLIOPE STREET OCOEE, FL 34761

ADDITIONS/CHANGES:

Name:

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: ANGELO S MORINI JR 11/11/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Name:

MGR () Delete Title: (X) Change (X) Addition MORINI, ANGELO S MADERIEN ANNON COETLES REAN

Address: 5373 ISLEWORTH COUNTRY CLUB DRIVE Address: 893 MAHCIAMPEASTEREET City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: (O)(S)(S)(E)(E)(D)(E)(E)(3F476S)(4741

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: ANGELO S MORINI JR 11/11/2009