

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000022151

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** PREMIER CARE HOME CARE, L.L.C.

**Current Principal Place of Business:**

426 N 3RD ST  
C  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

426 N 3RD ST  
C  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 20-4448771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERGES, BAHAA  
124 SOUTH FLORIDA STREET  
BUSHNELL, FL 33513 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:** BAHAA GERGES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GERGES, BAHAA  
**Address:** 124 SOUTH FLORIDA STREET  
**City-St-Zip:** BUSHNELL, FL 33513

I hereby 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:** BAHAA GERGES

CFO

03/17/2011

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