

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000029648

FILED
Oct 11, 2007
Secretary of State

Entity Name: SENIOR SOLUTIONS HOME HEALTH CARE, L.L.C.

Current Principal Place of Business:

13222 ROYAL GEORGE AVE.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13222 ROYAL GEORGE AVE.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4645299 **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:

MCLEOD, PHILIP A ESQUIRE
540-4TH STREET NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

COSTELLO, DAN
12950 RACE TRACK RD
SUITE 210
TAMPA, FL 33626 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: DAN COSTELLO

10/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COSTELLO, DAN
Address: 13222 ROYAL GEORGE AVE.
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: COSTELLO, JENNIFER
Address: 13222 ROYAL GEORGE AVE.
City-St-Zip: ODESSA, FL 33556

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: DAN COSTELLO

MGRM

10/11/2007

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