

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000033349

FILED
Jul 31, 2014
Secretary of State

Entity Name: VOYAGE HEALTHCARE, LLC

Current Principal Place of Business:

1525 INTERNATIONAL PARKWAY, SUITE 1011
HEATHROW, FL 32746

New Principal Place of Business:

4566 ORANGE BLVD
SUITE 1006
SANFORD, FL 32771

Current Mailing Address:

1525 INTERNATIONAL PARKWAY, SUITE 1011
HEATHROW, FL 32746

New Mailing Address:

4566 ORANGE BLVD
SUITE 1006
SANFORD, FL 32771

FEI Number: 20-4600072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CURLEY, BETH
4566 ORANGE BLVD
SUITE 1006
SANFORD, FL 32771 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: BETH CURLEY

07/31/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: CURLEY, NOAL
Address: 4566 ORANGE BLVD, SUITE 1006
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: CURLEY, BETH
Address: 4566 ORANGE BLVD, SUITE 1006
City-St-Zip: SANFORD, FL 32771

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BETH CURLEY

MGR

07/31/2014

Electronic Signature of Authorized Person

Date