## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000038121

Entity Name: HEALTH CARE SERVICES AT HOME, LLC

**FILED** Oct 15, 2007 Secretary of State

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

2000 NORTH FLORIDA MANGO ROAD STE 107A 313 CANTERBURY DRIVE WEST WEST PALM BEACH, FL 33409

WEST PALM BEACH, FL 33407

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

2000 NORTH FLORIDA MANGO ROAD STE 107A 313 CANTERBURY DRIVE WEST WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33407

FEI Number: 51-0568409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

ROSE, TERRI ROSE, TERRI 313 CÓNTERBURY DRIVE WEST 313 CÁNTERBURY DRIVE WEST WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: TERRI ROSE 10/15/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

ROSE, TERRI Name: Name: ROSE TERRI Address: 313 CANTERBURY DRIVE WEST Address: 313 CANTERBURY DRIVE WEST City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

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: TERRI ROSE 10/15/2007