2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 19, 2009
Secretary of State

DOCUMENT# L06000060176

Entity Name: WELLCARE PROPERTIES, L.L.C.

Current Principal Place of Business:

130 WATERMAN AVE
MT. DORA, FL 32757 US

New Principal Place of Business:

3619 LAKE CENTER DRIVE
MT. DORA, FL 32757 US

Current Mailing Address:

130 WATERMAN AVE
MT. DORA, FL 32757 US

New Mailing Address:

3619 LAKE CENTER DRIVE
MT. DORA, FL 32757 US

FEI Number: 20-5146169 **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:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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: IVAN LEFKOWITZ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NAGEL, SHIRLEY A
Address: 130 WATERMAN AVE
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR ( ) Delete
Name: DAVINA-BROWN, ELEANOR
Address: 130 WATERMAN AVE
City-St-Zip: MT. DORA, FL 32757 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NAGEL, SHIRLEY A
Address: 3619 LAKE CENTER DRIVE
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR (X) Change ( ) Addition
Name: DAVINA-BROWN, ELEANOR
Address: 3619 LAKE CENTER DR
City-St-Zip: MT. DORA, FL 32757 US

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: SHIRLEY A NAGEL MGR 05/19/2009

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