

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000060176

FILED
Feb 11, 2013
Secretary of State

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

Current Principal Place of Business:

3619 LAKE CENTER DRIVE
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

3619 LAKE CENTER DRIVE
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 20-5146169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ADULT MEDICINE OF LAKE COUNTY, INC.
3619 LAKE CENTER DRIVE
MOUNT DORA, FL 32757 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: NAGEL, SHIRLEY A

02/11/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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: NAGEL, SHIRLEY A

MGR

02/11/2013

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