

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000076797

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL MEDICAL HOME HEALTH LLC.

**Current Principal Place of Business:**

930 HIALEAH DRIVE UNIT #14  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

930 HIALEAH DRIVE UNIT #14  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 20-5326776      **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:**

**Name and Address of New Registered Agent:**

VIVES, FLOR M  
641 E. 41 STREET  
HIALEAH, FL 33010      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: FLOR M VIVES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** VIVES, FLOR M  
**Address:** 641 E. 41 STREET  
**City-St-Zip:** HIALEAH, FL 33010

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: FLOR M VIVES

MGR

04/20/2010

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