2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000098624

2288 MCMULLEN ROAD

LARGO, FL 33771 US

Address:

City-St-Zip:

Entity Name: EMERALD HOME HEALTH CARE SERVICES, LLC

FILED Oct 12, 2009 Secretary of State

10/12/2009

Current Principal Place of Business: New Principal Place of Business: 2189 CLEVELAND STREET 2420 ENTERPRISE ROAD SUITE 211 SUITE 106 CLEARWATER, FL 33765 US CLEARWATER, FL 33763 US **Current Mailing Address:** New Mailing Address: 2189 CLEVELAND STREET 2420 ENTERPRISE ROAD SUITE 211 SUITE 106 CLEARWATER, FL 33765 US CLEARWATER, FL 33763 US FEI Number: 30-0387518 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: CORPORATION SERVICE COMPANY BENHAM, CHRISTOPHER B CFO 1201 HAYS STREET 2420 ENTERPRISE ROAD TALLAHASSEE, FL 32301 US CLEARWATER, FL 33763 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: CHRISTOPHER B. BENHAM 10/12/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete MGRM Title: () Change () Addition BENHAM, CHRISTOPHER B Name: Name: Address: 2924 HILLCREEK CIRCLE SOUTH Address: City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: STEWART, DEBRA J Name: Address: 2924 HILLCREEK CIRCLE SOUTH Address: City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WRIGHT, BRENDA M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER B. BENHAM CFO