2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# L06000100928

Entity Name: ADVANCED CAREGIVERS LLC

Current Principal Place of Business:

18001 OLD CUTLER RD #421
PALMETTO BAY, FL 33157

New Principal Place of Business:

18001 OLD CUTLER RD
#421
PALMETTO BAY, FL 33157

Current Mailing Address:

18001 OLD CUTLER RD #421
PALMETTO BAY, FL 33157

New Mailing Address:

18001 OLD CUTLER RD
#421
PALMETTO BAY, FL 33157

FEI Number: **FEI Number Applied For (X)** **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:

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES, FL 33143 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: LEE SCHMACHTENBERG 10/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: BLOODWORTH, WILLIAM L CEO
Address: 18001 OLD CUTLER ROAD # 421
City-St-Zip: PALMETTO BAY, FL 33157

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: WILLIAM BLOODWORTH CEO 10/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date