2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# L06000105705

Entity Name: NOVA MILLENNIUM HEALTHCARE, LLC

Current Principal Place of Business:

4711 SCENIC HIGHWAY
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

1514 NORTH 9TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

4711 SCENIC HIGHWAY
PENSACOLA, FL 32504 US

FEI Number: 84-1717980 **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:

BATES, BENJAMIN F PH.D
1514 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BATES, BENJAMIN F PH.D
4711 SCENIC HIGHWAY
PENSACOLA, FL 32504 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: BENJAMIN F. BATES, PH.D. 10/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BATES, BENJAMIN F PH.D
Address: 1514 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: M ( ) Delete
Name: MCGRATH, CHARLES P DC
Address: 4711 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BATES, BENJAMIN F PH.D
Address: 4711 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

Title: MGR (X) Change ( ) Addition
Name: MCGRATH, CHARLES P DC
Address: 4711 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32504 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: BENJAMIN F. BATES, PH.D. MGRM 10/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date