

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000113549

**FILED**  
**Oct 20, 2007**  
**Secretary of State**

**Entity Name:** GOOD HOPE HEALTH SERVICE, LLC

**Current Principal Place of Business:**

24544 SW 114 COURT  
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

24544 SW 114 COURT  
HOMESTEAD, FL 33032 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

DOLORIER, MOYRA J  
24544 SW 114 COURT  
HOMESTEAD, FL 33032 US

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

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: MOYRA DOLORIER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOLORIER, MOYRA J  
Address: 24544 SW 114 COURT  
City-St-Zip: HOMESTEAD, FL 33032 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MOYRA DOLORIER

MRS

10/20/2007

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