

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000118248

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

**Entity Name:** COASTAL CARE STAFFING, LLC

**Current Principal Place of Business:**

871 VENETIA BAY BLVD., STE 230  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

871 VENETIA BAY BLVD., STE 230  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 20-8055587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORLICK, MICHAEL D  
1314 E. VENICE AVENUE, SUITE D  
VENICE, FL 34285 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: MICHAEL HORLICK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PETTOGRASSO, VICTORIA  
Address: 871 VENETIA BAY BLVD. SUITE 230  
City-St-Zip: VENICE, FL 34285

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: VICTORIA PETTOGRASSO

MGR

12/20/2010

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