

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000004848

FILED
May 04, 2010
Secretary of State

Entity Name: RELIABLE HOME THERAPY LLC

Current Principal Place of Business:

4161 TAMIAMI TRAIL STE 704
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

4161 TAMIAMI TRAIL STE 704
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 20-8237315 **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:

LINDSEY, BETH
4161 TAMIAMI TRAIL STE 704
PORT CHARLOTTE, FL 33952 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: BETH LINDSEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LINDSEY, BETH
Address: 2886 TAMIAMI TRAIL #5
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM
Name: EKEL, CINDY
Address: 2886 TAMIAMI TRAIL #5
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM
Name: OBENSHAIN, CAROLYN
Address: 2886 TAMIAMI TRAIL #5
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: BETH LINDSEY

MGRM

05/04/2010

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