

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000032828

FILED
Dec 17, 2008
Secretary of State

Entity Name: SEASIDE HEALTHCARE, LLC

Current Principal Place of Business:

5819 TENISON
DAYTON, OH 45415 US

New Principal Place of Business:

2091 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009 US

Current Mailing Address:

5819 TENISON
DAYTON, OH 45415 US

New Mailing Address:

941 NE 176 STREET
MIAMI, FL 33162 US

FEI Number: 20-8865540 **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:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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: DAVID ABROMOWITZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWAB, NORMAN
Address: 5819 TENISON
City-St-Zip: DAYTON, OH 45415 US

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: SCHWAB, ESTHER
Address: 941 NE 176 STREET
City-St-Zip: MIAMI, FL 33162

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: ESTHER SCHWAB

MGR

12/17/2008

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