

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000039654

FILED
Oct 21, 2014
Secretary of State

Entity Name: AKER KASTEN HOME HEALTHCARE LLC

Current Principal Place of Business:

1580 NW 2ND AVENUE
SUITE 10
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1445 NW BOCA RATON BLVD
BOCA RATON, FL 33432

New Mailing Address:

1580 NW 2ND AVENUE
SUITE 10
BOCA RATON, FL 33432

FEI Number: 20-8834580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKER, JOHN B
1580 NW 2ND AVENUE
SUITE 10
BOCA RATON, FL 33432 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: JOHN B AKER

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: AKER, ROSE M
Address: 1580 NW 2ND AVE, STE 10
City-St-Zip: BOCA RATON, FL 33432

Title: MBR
Name: AKER, ALAN B
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: MGR
Name: AKER, JOHN B
Address: 1580 NW 2ND AVE, STE 10
City-St-Zip: BOCA RATON, FL 33432

Title: MBR
Name: MCDANIEL, JANA
Address: 1580 NW 2ND AVE, STE 10
City-St-Zip: BOCA RATON, FL 33432

Title: MBR
Name: MCDANIEL, MATTHEW
Address: 1580 NW 2ND AVE, STE 10
City-St-Zip: BOCA RATON, FL 33432

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOHN B AKER

CEO

10/21/2014

Electronic Signature of Authorized Person

Date