2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# L07000041246

Entity Name: QUALITY HEALTHCARE, LLC

Current Principal Place of Business:

5350 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

200 2ND AVE S
221
ST PETERSBURG, FL 33701

Current Mailing Address:

5350 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Mailing Address:

200 2ND AVE S
221
ST PETERSBURG, FL 33701

FEI Number: 38-3756727 **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:

SEWELL, DAVID T
200 SECOND AVENUE SOUTH
SUITE 221
ST. PETERSBURG, FL 33701 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 SEWELL
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SEWELL, DAVID T
Address: 200 SECOND AVENUE SOUTH, SUITE 221
City-St-Zip: ST. PETERSBURG, FL 33701 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: DAVID SEWELL MGRM 10/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date