

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000060220

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** ATLANTIC CARE NETWORK, L.L.C.

**Current Principal Place of Business:**

9064 N.W. 13TH TERRACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9064 N.W. 13TH TERRACE  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 36-4610615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEARNS, KEVIN S  
9064 N.W. 13TH TERRACE  
MIAMI, FL 33172 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:** KEAVIN KEARNS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KEARNS, KEVIN S  
Address: 9064 N.W. 13TH TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: HAMRIC, LALAI  
Address: 2256 HEITMAN ST  
City-St-Zip: FT. MYERS, FL 33901

Title: MGR ( ) Delete  
Name: FRAZIER, ROSALYN  
Address: 2518 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Delete  
Name: WASHINGTON, WILSON  
Address: 10300 SW 216TH STREET  
City-St-Zip: MIAMI, FL 33190

**ADDITIONS/CHANGES:**

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

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

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

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:** KEVIN KEARNS

CEO

10/16/2009

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