# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Dec 15, 2009**
**Secretary of State**

DOCUMENT# L07000061782

**Entity Name:** GLADES HOME HEALTH CARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

173 W. AVE. A
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

173 W. AVE. A
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

ROBERTS, DONIA A
1100 NORTH MAIN STREET SUITE C
BELLE GLADE, FL 33430 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: DONIA ROBERTS

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: HASAN, YOLANDA
Address: 173 W. AVE. A
City-St-Zip: BELLE GLADE, FL 33430

**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: YOLANDA HASAN MRS. 12/15/2009

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