

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000065652

FILED
Oct 20, 2009
Secretary of State

Entity Name: NEW-HEART COMMUNITY MANAGEMENT, LLC

Current Principal Place of Business:

KEY WEST EXECUTIVE CENTER
2706 ALT US 19 N, SUITE 215
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

KEY WEST EXECUTIVE CENTER
2706 ALT US 19 N, SUITE 215
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 26-0431780 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:

Name and Address of New Registered Agent:

ELLENWOOD, WINFRED E
KEY WEST EXECUTIVE CENTER
2706 ALT US 19 N, SUITE 215
PALM HARBOR, FL 34683 US

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: WINFRED E ELLENWOOD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLENWOOD, WINFRED E
Address: 2706 ALT US 19 N, SUITE 215
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: O'FLANNERY-ELLENWOOD, SHARON
Address: 2706 ALT US 19 N, SUITE 215
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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: WINFRED E ELLENWOOD

PRES

10/20/2009

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