

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000074408

Entity Name: M&N LIFECARE,LLC

FILED
Oct 21, 2008
Secretary of State

Current Principal Place of Business:

109A N STATE RD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

109A N STATE RD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 35-2303532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SCUTT, LAMERCIE M
109A N STATE RD 7
PLANTATION, FL 33317 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: LAMERCIE SCUTT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCUTT, LAMERCIE M
Address: 109A N STATE RD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM (X) Delete
Name: GABRIEL, NANCY P
Address: 11800 NW 24TH STREET
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCUTT, LAMERCIE M
Address: 109A N STATE RD 7
City-St-Zip: PLANTATION, FL 33317

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: LAMERCIE SCUTT

MGR

10/21/2008

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