2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000077011

Entity Name: SENIOR HEALTH CHOICES, LLC

FILED Mar 12, 2009 Secretary of State

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Current Principal Place of Business: New Principal Place of Business: 5600 MARINER STREET, SUITE 120 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 5600 MARINER STREET, SUITE 120 TAMPA, FL 33609 FEI Number: 26-0631043 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: O'CONNOR, PATRICK M ESQ C/O O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771 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: PATRICK O'CONNOR ESQ Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete JOSHI, KAUSHIK Name: Name: Address: 5600 MARINER STREET, SUITE 120 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Title: MGR () Delete Name: EZAD, USMAN

Address: 5600 MARINER STREET, SUITE 120

City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Delete TAREEN, AMJAD A Name:

Address: City-St-Zip: TAMPA, FL 33609

Title: Name: 5600 MARINER STREET, SUITE 120 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: KAUSHIK JOSHI 03/12/2009