

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000079840

Entity Name: HCN HEALTHCARE, LLC

FILED
Apr 15, 2010
Secretary of State

Current Principal Place of Business:

5208 58TH TERRACE E
BRADENTON, FL 34203

New Principal Place of Business:

2784 HARVEST DRIVE
SARASOTA, FL 34240

Current Mailing Address:

5208 58TH TERRACE E
BRADENTON, FL 34203

New Mailing Address:

2784 HARVEST DRIVE
SARASOTA, FL 34240

FEI Number: 26-0655829 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:

OLIVIERI, DAVID
5208 58TH TERRACE E
BRADENTON, FL 32403 US

Name and Address of New Registered Agent:

OLIVIERI, DAVID
2784 HARVEST DRIVE
SARASOTA, FL 34240 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: DAVID OLIVIERI

04/15/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OLIVIERI, DAVID
Address: 2784 HARVEST DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: SR
Name: OLIVIERI, BROOKE
Address: 2784 HARVEST DRIVE
City-St-Zip: SARASOTA, FL 34240

I hereby 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: DAVID OLIVIERI

MGR

04/15/2010

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