

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000098564

FILED
Nov 04, 2008
Secretary of State

Entity Name: OASIS HOME HEALTH CARE, LLC

Current Principal Place of Business:

9909 NW 45 ST
CORAL SPRING, FL 33065

New Principal Place of Business:

9909 NW 45 ST
CORAL SPRINGS, FL 33065

Current Mailing Address:

9909 NW 45 ST
CORAL SPRING, FL 33065

New Mailing Address:

9909 NW 45 ST
CORAL SPRINGS, FL 33065

FEI Number: 26-2086782 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:

BONHEUR, FAUBERT
13900 NE 11 AV
NORTH MIAMI, FL 33161 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: FAUBERT BONHEUR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BONHEUR, FAUBERT
Address: 13900 NE 11 AV
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGR () Delete
Name: MATHIEU, PHATINA
Address: 2810 NE 15 TERR
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MATHIEU, PHATINA
Address: 9909 NW 45 ST
City-St-Zip: CORAL SPRINGS, FL 33065

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: FAUBERT BONHEUR

P

11/04/2008

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