2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L07000101054

Entity Name: GOLDEN YEARS HEALTH SERVICES, LLC

Current Principal Place of Business:

96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 45-0577294 **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:

LAWSON, OLGA
96 ORLANDO BLVD.
PORT CHARLOTTE, FL 33954 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: OLGA LAWSON
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAWSON, OLGA
Address: 96 ORLANDO BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM ( ) Delete
Name: LAWSON, PRINCE
Address: 96 ORLANDO BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

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: OLGA LAWSON MRS. 09/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date