

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -9 AM 10:18

DOCUMENT # Lo7000165138

1. Limited Liability Company's Name

Purity Health Care Services LLC

600191011406  
01/11/11--01028--003 \*\*\$5.00

600191011406  
01/11/11--01028--002 \*\*\$78.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

4000 38th St South

Suite, Apt. #, etc.

3. Mailing Office Address

4000 38th

Suite, Apt. #, etc.

City & State

St Petersburg

Zip

33711

Country

Pineellas

City & State

FL

Zip

33711

Country

Pineellas

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/11/2007  
16

6. FEI Number

26-1233822

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Faye R Pearce

Street Address (P.O. Box Number is Not Acceptable)

4000 38th St South

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33711

600191011406  
02/10/11--01003--005 \*\*\$139.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Faye R Pearce

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>mgrm</del>	<u>James Musselwhite</u>	<u>P.O. Box 332</u>	<u>Shady Grove, FL 32357</u>

**REINSTATEMENT** 2009-2011

11. E-mail Address: purityhealthservices@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Faye R Pearce

Admin

Date

Daytime Phone #

727 289-3426

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JAN 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 12, 2011

PURITY HEALTH CARE SERVICES LLC  
4000 38TH ST  
ST PETERSBURG, FL 33711

SUBJECT: PURITY HEALTH CARE SERVICES LLC  
Ref. Number: L07000105138

We have received your document for PURITY HEALTH CARE SERVICES LLC and your check(s) totaling \$383.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 211A00001078



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 FEB -9 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 31, 2011

PURITY HEALTH CARE SERVICES LLC  
4000 38TH ST SOUTH  
ST PETERSBURG, FL 33711

SUBJECT: PURITY HEALTH CARE SERVICES LLC  
Ref. Number: L07000105138

We have received your document for PURITY HEALTH CARE SERVICES LLC and check(s) totaling \$383.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please accept our apology for failing to mention this in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 211A00002535