

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113425

**FILED**  
**Sep 15, 2010**  
**Secretary of State**

**Entity Name:** COMPASSIONATE CARE PROFESSIONALS, LLC

**Current Principal Place of Business:**

10333 SEMINOLE BLVD  
#3  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

10333 SEMINOLE BLVD  
#3  
LARGO, FL 33778

**New Mailing Address:**

**FEI Number:** 26-1404675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FELDMAN, ALAN D  
10333 SEMINOLE BLVD  
#3  
LARGO, FL 33778 US

**Name and Address of New Registered Agent:**

WISNIEWSKI, DAREK J  
10333 SEMINOLE BLVD  
#3  
LARGO, FL 33778 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: DAREK WISNIEWSKI

09/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FELDMAN, ALAN D MGRM  
Address: 1736 PINE CREEK COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

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: ALAN D. FELDMAN

MGRM

09/15/2010

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