2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114962

FILED Oct 14, 2008 Secretary of State

Entity Name: HOME HEALTH SOLUTIONS OF SOUTHWEST FLORIDA LLC

Current Principal Place of Business: New Principal Place of Business:

221 NORTHEAST 17TH AVENUE CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

221 NORTHEAST 17TH AVENUE CAPE CORAL, FL 33909

FEI Number: 22-3972166 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: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: LINDA S. DUDLI

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: DUDLI, LINDA S Name: DUDLI, LINDA S

Address: 221 NORTHEAST 17TH AVENUE Address: 221 NORTHEAST 17TH AVENUE City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:DELAROSA, SARAName:WARD, CHRISTINE EAddress:221 NORTHEAST 17TH AVENUEAddress:4926 SW 26TH PLACECity-St-Zip:CAPE CORAL, FL 33909City-St-Zip:CAPE CORAL, FL 33914 US

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: LINDA S. DUDLI MGR 10/14/2008