

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000118012

**FILED**  
**Feb 13, 2010**  
**Secretary of State**

**Entity Name:** VITALINK HOME HEALTHCARE, LLC

**Current Principal Place of Business:**

5100 NW 47TH AVENUE  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

5100 NW 47TH AVENUE  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

**FEI Number:** 26-1464443      **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:**

CLARKE, MARLENE  
5100 NW 47TH AVENUE  
COCONUT CREEK, FL 33073 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: MARLENE CLARKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CLARKE, MARLENE  
**Address:** 5100 NW 47TH AVENUE  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

**Title:** MGRM  
**Name:** CLARKE, DERRICK  
**Address:** 5100 NW 47TH AVENUE  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

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: MARLENE CLARKE

MGR

02/13/2010

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